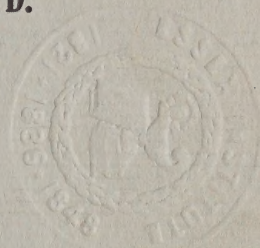


FROM CHARTER STREET TO THE LOOKOUT: THE SALEM HOSPITAL — A BRIEF HISTORY

By Walter G. Phippen, M.D.



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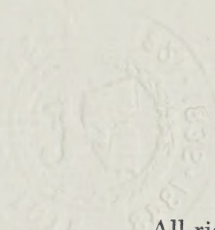
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SALEM, MASSACHUSETTS

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1966



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FROM CHARTER STREET TO THE LOOKOUT: THE SALEM HOSPITAL—A BRIEF HISTORY

By WALTER G. PHIPPEN, M. D.

PREFACE

MY FIRST KNOWLEDGE OF THE SALEM HOSPITAL was when, as a boy of about ten years of age (that would be about 1886), I was sent to the hospital with a note for Miss Kate Cook. Miss Cook was a member of one of the first classes to be graduated from the Training School for Nurses. I can see her now in a long blue dress, just showing the tips of her shoes, with a stiffly starched white bib apron, a cheery countenance beneath a nurse's cap, standing in the doorway of the hospital, which was then on Charter Street. I little thought at the time how much of my life would be spent in the service of that hospital.

My next association with the institution was in 1895, when I accompanied Dr. Hardy Phippen on an evening visit to the hospital. I remember little about it, except that in the operating room there were large earthenware crocks filled with antiseptic solution and containing sea sponges which had been used to swab out wounds. Gauze sponges were just coming into use.

Later, as a medical student, I visited Dr. Frank Donaldson, a boyhood friend of mine, who was an intern at the hospital. My memory of that visit is only of wards full of typhoid patients.

The next contact was to last for more than fifty years. I was appointed to the out-patient staff in 1907.

In writing this history, I have had access to the very complete minutes of the meetings of both the Trustees and its Executive Committee and of the Medical Staff. I have also been privileged to read the very interesting history of the Salem Hospital Aid Association. Quotations found in the following text are taken from these sources.

WALTER G. PHIPPEN, M. D.

PRESIDENTS OF SALEM HOSPITAL

James B. Curwen	1873-1888
William G. Webb	1889-1895
Arthur W. West	1895-1915
Matthew Robson	1915-1922
George W. Grant	1923-1938
Henry P. Benson	1938-1941
George E. Stephenson	1941-1943
Harold T. N. Smith	1943-1948
Horace Davenport	1948-1953
Marquis S. Smith	1953-1955
Michael F. Flynn	1955-1958
Daniel N. Crowley	1958-1965
Robert B. M. Barton	1965-

PRESIDENTS OF THE MEDICAL STAFF

William Mack, M.D.	1874-1880
Arthur Kemball, M.D.	1880-
Thomas Kittredge, M.D.	1912-1915
Edward L. Peirson, M.D.	1915-1917
Thomas Kittredge, M.D.	1917-1923
James M. Simpson, M.D.	1923-1935
Walter G. Phippen, M.D.	1935-1953
Stuart N. Gardner, M.D.	1953-1955
Edward L. Peirson, Jr., M.D.	1955-1956
John G. Adams, M.D.	1956-1959
Donald A. Nickerson, M.D.	1959-1961
Harry M. Lowd, M.D.	1961-

I

THE SALEM HOSPITAL, 1874-1903

The growth and development of hospitals in the United States began in 1751, when a group of Friends in Philadelphia petitioned their legislature for a charter to establish such an institution. This petition was granted and the Pennsylvania Hospital in Philadelphia became the first regularly established general hospital in the United States. It opened its doors for the reception of patients in February, 1752. Previous to that time the sick were cared for either in their own homes, in alms houses, work houses or poor houses. The movement was slow in starting. The second hospital, the New York Hospital in the city of New York, was not opened until 1771. The Massachusetts General Hospital in Boston was opened in 1811. By 1873 there were listed only 178 hospitals in the whole United States.

The need for a hospital in Salem had evidently been felt and talked about for some time prior to 1873. There were many needy sailors, shipwrights, sailmakers and others in allied trades in need of medical care. True, there were many charitable organizations devoted to their welfare, among others The Salem Relief Association, Seamen's Widow and Orphans Society, The Samaritan Society, and The Children's Friend Society. They offered help in the home—largely food, clothing and other commodities—but very little in the way of bedside care. This hope was finally brought to fruition by an offer from Captain John Bertram, a wealthy ship owner, of a gift of \$25,000 and a brick mansion on Charter Street which he had purchased. Liberal contributions were made by others and the Corporation was formed and the Articles of Association were signed on April 7, 1873. The first meeting of the Board of Trustees was held on February 3, 1874. The following gentlemen constituted the Board:

John Barlow	Richard C. Manning
James B. Curwen	John C. Osgood
James Dugan	Aaron Perkins
Leonard B. Harrington	Joseph Price
Arthur Kemble	Charles A. Ropes
Leverett S. Tuckerman	

James B. Curwen was elected President and Charles S. Rea was elected Secretary and Treasurer.

The mansion purchased at 31 Charter Street, which is still standing today, was a very substantial three-story brick building. It was built for Nathan Peirce in 1804 and 1805. The front door, on Charter Street, was approached by a flight of four stone steps to a stone platform, above which was a wooden canopy supported by Ionic columns and pilasters. The house was surmounted by a cupola from which an extensive view was had of the city and harbor. In the rear and on the south side of the building was a moderately large garden in which there was a variety of choice fruit-bearing trees. It is to be noted that nearly all the better homes in Salem at that time had gardens with grape arbors and peach, pear and apple trees. The house was divided into two tenements and at first only the western half was used as a hospital; the other was rented.

On October 1, 1874, the hospital was opened and the first patient was admitted. It is worthy of note that a detailed history of this patient was taken and carefully written up in excellent handwriting. It is still preserved in a bound volume in the record room. The hospital had twelve beds when it opened, but the number was increased to sixteen before the year was out. At a meeting of the Trustees on September 28, 1873, the first Medical Staff of the hospital was appointed, as follows:

Attending Physicians

George A. Perkins, M. D.
David Choate, M. D.
William Neilson, M. D.
Amos H. Johnson, M. D.

Attending Surgeons

William Mack, M. D.
Edward B. Peirson, M. D.
Arthur Kemble, M. D.
Octavius B. Shreve, M. D.

Ophthalmic Surgeon

David Coggin, M. D.

Physicians to Out-Patients

Edward Fitzgerald, M. D. J. P. Fessenden, M. D.

Surgeon to Out-Patients

Charles A. Carleton, M. D.

Dental Surgeon

Jesse Robbins

Dr. Coggin was appointed Admitting Physician.

Mr. Alfred R. Brooks was appointed Superintendent.

Mrs. Alfred R. Brooks was appointed Matron.

That the hospital was badly needed is evident from the first annual report of the Board of Trustees; seventy-nine in-patients were treated during that first year. Proposals had been made to the Secretary of the Treasury "to receive and care for the sick and disabled seamen of this port." These proposals were accepted and twelve seamen were thus cared for. Thirty-five patients were treated entirely free of charge, and twenty paid one dollar or less. 446 were treated as out-patients for 1,263 visits and in a separate clinic 100 eye patients were treated for 2,610 visits. By 1878 the number of in-patients had risen to ninety-nine.

The staff, however, were apparently rather slow to organize. There is no record of a first or organizational meeting. The second meeting was not held until January 27, 1880. At that time Dr. William Mack (the donor of the Mack Library) was president and Dr. David Coggin was secretary. At a meeting on February 26, 1880, a committee was appointed to act with a similar committee of the Board of Trustees to draw up rules and regulations, presumably for the guidance of the staff, but they do not seem to have been finally adopted until the meeting of January 26, 1888. They were quite lengthy and detailed, stipulating among other things that meetings of the staff should be held quarterly on the second Tuesday of January, April, July and October, and that the annual meeting should be at the January meeting. They provided for the reporting of cases treated by both the In and Out Staff at these quarterly meetings and "to make such comments or suggestions as may tend to promote the interests of the hospital and secure success in the treatment of the diseases of their patients." It was also further stipulated that the secretary should be the sole authorized representative of the wishes of the staff to the trustees.

In five years the number of patients admitted during the year had risen to 469.

In this year, 1879, Miss D. Duff, a young lady who was one of the early graduates of the Massachusetts School for Nurses, was appointed matron. This was the beginning of the seventh

training school for nurses in the country. Coincident with this, two rooms on the top floor, remote from the surgical patients, had been especially arranged for the reception of maternity patients, so that the pupil nurses, of whom there were two, might have "clinical instruction in motherly care." This early recognition of the necessity of separating maternity patients from the medical and surgical patients is worthy of note.

The eye clinic was very busy and filled a great need, as diseases of the eye were very common and disabling. Due to unsanitary surroundings and the widely prevalent use of the common towel and particularly the roller towel, conjunctivitis, trachoma and other infections of the eye were widespread. In 1879 there were between thirty and forty girls from a charitable institution treated in the clinic for trachoma. The hospital was fortunate in having Dr. David Coggin as Ophthalmic Surgeon. He was well trained and skilful. He performed the first cataract operation to be done north of Boston, in 1877.

In 1880, Miss Duff resigned because of ill health after serving "ably and conscientiously for nearly two years." Her resignation was accepted and Miss Emily Sturmev, then senior pupil nurse, was appointed acting matron, thus beginning a devoted service that was to last for fourteen years. At that time the training school consisted of three pupils. The staff had agreed to give "weekly lectures on subjects connected with nursing," while frequent recitations were also held.

The number of patients admitted in the year 1879 was 165, of whom 101 were entirely free. The need of an ambulance was stressed in the trustees' report, but no further action is noted.

The report of the training school in 1884 stressed the need for more sleeping quarters and sitting rooms for the nurses, and a committee of the trustees was appointed to consider necessary improvements to the building. As a result of this action a three-story brick addition on the southern side of the main building was completed in 1885. The first floor contained a large waiting room for out-patients, with a separate entrance. The second floor contained a laboratory and lecture room for the nurses. The third floor was devoted to the pupil-nurses, there being six individual sleeping rooms. Steam heat was used for the first time. A most important improvement was the installation of an elevator, so that

patients could be taken on stretchers directly from the accident ward to their beds.

Due to the teachings of Semmelweis, Oliver Wendell Holmes and others, the contagiousness of puerperal fever was fairly well understood, but putting theory into practice was a slow process. However, in 1887 the staff decided that maternity patients should no longer be cared for in the same wards with general medical and surgical patients. A small cottage adjacent to the hospital was therefore bought and fitted up for the exclusive care of maternity patients. Another forward step!

In 1889 Mr. William G. Webb was elected President of the hospital. The medical staff was constituted as follows:

<i>Consulting Physician</i>	George A. Perkins, M. D.
<i>Attending Physician</i>	J. P. Fessenden, M. D.
<i>Attending Surgeons</i>	William Mack, M. D. Arthur Kemble, M. D. Thomas Kittredge, M. D.
<i>Surgeons to Out-patients</i>	F. S. Atwood, M. D. L. G. Kemble, M. D. Benjamin R. Symonds, M. D.
<i>Dental Surgeon</i>	Jesse Robbins, D. M. D.

In July, 1890, Dr. James E. Simpson was appointed as the first house surgeon, or intern as we should call him today, thus inaugurating a service that has continued uninterrupted to the present time. The report of the training school for that year is interesting. It says in part,

The training school is in flourishing condition . . . a cooking school for the nurses has been opened at the Woman's Bureau (the Woman's Friend Society on Hawthorne Boulevard) where they spend two afternoons a week to cook for invalids . . . They have gone out to do district nursing for the doctors . . . They are well-liked and we think they are as proficient as those of any other school.

In 1891 several structural changes in the plant were made. A storehouse on the premises was converted into a laundry, with steam piped from an adjacent factory building. Another building was transformed into an annex containing fourteen beds,

primarily for "fever" patients. These buildings were connected by covered passageways with one another and with the main building. Dr. James E. Simpson finished his year as house surgeon and was appointed surgeon to out-patients.

In 1892 typhoid fever was very prevalent everywhere and Salem had its share. The hospital was hard put to find beds for these patients, so during the summer tent wards were erected in the garden for their care. After fourteen years of faithful and efficient service, Miss Emily Sturmev felt obliged to resign, and Miss Martha P. Parker was appointed matron. The number of pupils in the training school had been increased to ten, and there were now forty graduates. 366 patients were treated in the hospital that year. In July, Dr. Ara N. Sargent was appointed house surgeon, thus beginning a long-continued and devoted service to the hospital.

Dr. Hardy Phippen was appointed a member of the out-patient staff in 1893. Dr. Phippen, a native of Salem, returned to his home town to practice medicine after receiving exceptional training in surgery as house officer at the Massachusetts General Hospital, as assistant to Dr. Morris H. Richardson of Boston, and as one of the first residents at the Johns Hopkins Hospital in Baltimore. He brought to the Salem Hospital the newest methods of diagnosis and operative techniques. It is said that he diagnosed and performed the first clean operation for appendicitis in Salem—all had been drainage cases before that time.

The twentieth annual report of the Board of Trustees stated that 3,890 patients had been treated in the hospital since it opened in 1874. Of these, 2,928 were free patients and 968 paid for their board. The cost to the hospital per day for each patient was \$1.70. Ether had been administered 1,411 times. The trustees noted the need for a separate building for convalescent patients and a ward for contagious diseases. Miss Martha Parker was made superintendent of the training school in addition to her duties as matron.

In 1896 Mr. Arthur West was chosen president of the Board of Trustees. The Salem Foundry and Machine Shop property, consisting of about 20,000 square feet of land on the corner of Derby and Liberty Streets, was purchased. Dr. Ara N. Sargent was appointed physician to out-patients.

The year 1898 was the year of the Spanish-American War. The facilities of the hospital were placed at the disposal of the Commonwealth and the Massachusetts Aid Association, and ten soldiers were received for treatment. Thirty-two cases of typhoid fever were treated with but one death, "a remarkable showing." An X-ray apparatus (probably an early static machine) had been provided "and excellent results have been obtained from its use, both in locating foreign substances and in observing fractures and their progress toward recovery."

The twenty-fifth annual report says,

The completion of a quarter of a century of usefulness is a matter worthy of note. Starting with the use of half of the present main building with a few beds and treating 79 patients in the first year, the institution has grown into a hospital of 50 beds, treating upwards of 400 patients annually.

As the hospital continued to grow, it became evident that more and more modern buildings were necessary. Additional land was acquired on both sides of Derby Street and on Liberty Street. At that time the prevailing type of hospital architecture was private wards connected by corridors, and this type was agreed upon for the new buildings. The entrance on Charter Street was eliminated and a new entrance was constructed on the western side through an ornamented gateway.

The new hospital consisted of a series of one-story ward buildings along Derby Street and around the corner on Liberty Street with connected corridors to each other and to the main building. There were eight buildings in all, plus an operating unit containing two operating rooms, sterilizing and etherizing rooms, etc. The private-ward building was two stories in height and contained fourteen rooms. The out-patient department and accident room had a separate entrance on Liberty Street. The laundry and boiler house were on the wharf property on the other side of Derby Street. It is interesting to note that at that time coal barges could come up the South River and discharge their cargo directly into the hospital bunkers.

II

THE NEW HOSPITAL ON CHARTER STREET, 1903-1917

The new wards were opened on May 16, 1903, and the patients were transferred to them from the main building. A new era began for the hospital. It now had one hundred beds, with separate wards for male and female patients and for children, and an entirely separate unit for maternity cases. It had an adequately equipped operating unit in a separate building and an equally adequate out-patient department with an entrance on Liberty Street. A somewhat unusual feature for hospitals of that time was its two-story private ward building with seven rooms on each floor.

The place of the hospital in the community was rapidly undergoing a marked change. No longer was it considered a last resort in serious illness. Although most illnesses were treated at home and most operations were performed in private houses, people (including doctors) were beginning to appreciate the advantages of the hospital, its cleanliness, good food and the best of nursing care. 827 patients were treated that first year and 332 operations were performed. The year before, only 158 operations had been performed. In 1904, Miss Julia May Leach was appointed superintendent, and Miss Caroline B. Wilks was appointed as assistant superintendent, to have complete charge of the training school. At the same time the training period was increased to two and one-half years, and the number of pupils increased to twenty-two. A diet kitchen was constructed and equipped to give a two-months' course in invalid cooking. Regular weekly courses were instituted in Obstetrics, Materia Medica and Anatomy, conducted by staff physicians. Dr. Martin T. Field was appointed to the out-patient staff in 1906, and Walter G. Phippen in 1907.

When Miss Leach resigned in 1908, the trustees adopted a new administrative policy. The trustees had felt for some time that the privileges of the out-patient department were being imposed upon. A far larger proportion of the population than was reasonable was asking for and receiving free treatment in this department. The trustees felt that this was unfair, not only to the hospital but to the doctors as well, and should be curtailed. It was felt that a male superintendent could handle this situation

better than a woman, and Mr. Wilbur B. Bigelow was therefore appointed and Miss Wilks was created principal of the training school.

At the same time, the position of Dietitian was established, and Miss Gertrude M. Hitchcock, a trained Dietitian, was appointed to the position.

The hospital continued to grow in favor, as evidenced by the fact that 1095 patients were admitted in 1911, 123 more than in any previous year, and rooms in the private wards were much in demand.

In 1912 the X-ray department was amplified, and a new machine installed in one of the rooms adjacent to a ward. Mr. Ralph C. Brown was appointed radiographer. Mr. Brown was a pioneer in X-ray work. He had experimented with a machine in his own home for several years, and had been much consulted by the hospital staff. Barium meals—Bismuth was used at first—for the examination of the stomach and intestines were just beginning to be used, and, thanks to Mr. Brown, the staff were able quite early to take advantage of this diagnostic aid. (I think the modern radiologist would have some difficulty in interpreting the old glass plates.) This was another forward move.

Orthopedics had become recognized as a separate surgical specialty in the large medical centers, but not enough orthopedic surgeons had as yet been trained to go out into the smaller hospitals to practice. Salem Hospital was again fortunate. Dr. Harvey W. Newhall, a surgical graduate of the Massachusetts General Hospital, had taken further training in Orthopedics under Dr. Joel Goldthwaite and in 1912 opened an office in Lynn where he lived. He was appointed orthopedic surgeon to the Salem Hospital in 1912 and the orthopedic department was inaugurated. Dr. David Coggin, ophthalmic surgeon, one of the original staff appointed in 1873, was at his own request transferred to be consulting ophthalmic surgeon. Dr. Coggin gave long and skilful service to rich and poor alike. Dr. Henry G. Carroll was appointed ophthalmic surgeon in 1913.

The dental clinic, which had been much imposed upon by patients who should have employed a private dentist, was abolished, and Dr. Harry R. Peach was appointed dental surgeon with full staff privileges. Miss Caroline B. Wilks resigned as

principal of the training school and Miss Ellen E. Drisko, the sub-principal, was advanced to principal. The training school had improved greatly under Miss Wilks' direction. In 1912, ten nurses were graduated and thirteen admitted. The school was enlarged by one nurse. Regular weekly classes were given in obstetrics by Dr. Ara N. Sargent, in Materia Medica by Dr. J. Frank Donaldson, and in Anatomy and Anesthesia by Dr. Walter G. Phippen. In 1913 a department for diseases of the nose, throat and ear was established, and Dr. William W. Hennessey was appointed surgeon for these diseases. In 1912 Dr. Thomas Kittredge was elected president of the staff, and Dr. Walter G. Phippen was elected secretary.

The anesthesia used was almost entirely ether by gauze cone, but Dr. Walter Phippen introduced the method of nitrous oxide induction by means of the Bennet Inhaler. The Bennet Inhaler was connected to a small tank of nitrous oxide and had incorporated in it a chamber full of gauze that could be saturated with ether, controlled by a valve, so that ether could be gradually introduced into the respiration and the nitrous oxide gradually turned off. It is interesting to note that at this time there were only two sets of blood-counting pipettes and counting chambers in Salem—one each brought home from Europe by Dr. Sargent and Dr. Walter Phippen. Dr. Sargent had the only blood pressure machine, a Riva Rocci machine that had to be filled with mercury every time it was used. There was very little other laboratory work done except urinalysis, and this was done by the intern or by the attending physician.

Up to this time the interns had been appointed by the trustees with only informal consideration by the staff. In 1912 the staff "voted that the president and the secretary of the staff constitute a committee to meet new interns, instruct them in their duties and serve as their advisors during their term of internship." A communication from the American Medical Association entitled "Instructions for the Guidance of Interns" was highly commended and approved for use. It was also voted at this time "that an attending physician or surgeon be allowed to retire after 25 years of service but still retain the privileges of the hospital." There was some discussion in the staff as to the desirability of establishing a staff of assistant surgeons, but the trustees felt that this would be inadvisable at this time and the matter was dropped.

The hospital continued to grow, both in number of patients admitted and the volume of work accomplished. Private nurses were in great demand, and the need for more nurses was keenly felt. It was realized that the training school could not be enlarged until more adequate living quarters were provided. The trustees obtained an option on a piece of land opposite the hospital on Charter Street and had called a meeting for the afternoon of June 25, 1914 to consider plans for the construction of a nurses' home. That noon the great Salem fire started. The fire started at the corner of Boston and Proctor Streets about noon, quickly spread across Essex Street and raced eastward back of Broad Street, across the railroad tracks into South Salem. It did not reach the hospital until early evening. At the time the fire started there were seventy-five patients in the hospital, but during the afternoon many other sick and infirm patients who had been forced to leave their homes were admitted. During the evening all these had to be evacuated and were sent by ambulance or private cars to the City, Lynn, Beverly and Peabody Hospitals, or to their relatives. Fortunately this evacuation was carried out without mishap.

The next morning the hospital was a sorry sight, with leaking hose lines running through the corridors, the roofs open to the sky, and the floors covered with an inch or two of water. The laundry building and power plant across Derby Street were completely destroyed. The buildings containing the maternity, children's, medical, private and accident wards were so badly burned that only the outside walls were standing. The surgical wards, the operating building and the out-patient department were very badly damaged, but could be temporarily repaired. The administration building was damaged by water only.

The city was put under the control of a rehabilitation committee, appointed by the governor. Refugee camps were established at Bertram Field, Forest River Park, at the Tuberculosis Camp at Salem Willows and at the North Shore Babies' Hospital on Dearborn Street. Several companies of the National Guard were called out to police these camps. The Society of Colonial Dames immediately set up a maternity hospital in the parish house of the North Church, and medical cases were cared for in the parish house of the St. Peter's Church by willing volunteers. An advisory health committee, of which Dr. Walter G. Phippen was chairman,

was appointed by the Rehabilitation Committee to have general supervision of the health of the camp and of the numerous lodging houses that had taken in the refugees. Dr. and Mrs. Phippen loaned their home on Washington Square as a temporary home for the pupil nurses.

Neither the trustees nor the staff were discouraged by the great amount of destruction, and work was immediately started to utilize all that was salvageable of the old buildings. During the summer the operating building, the two surgical wards and the boiler house were made usable. The administration building (which sustained only water damage) was partly fitted up for patients, as was another wooden building on the grounds. By fall about 50 patients could be cared for after a fashion.

On June 27, two nights after the fire, a special meeting of the staff was called by the secretary. The meeting was held at the home of the president, Dr. Kittredge, and was well attended. After a full and frank discussion it was unanimously voted, on motion of Dr. Walter G. Phippen, to recommend to the trustees that the hospital should not be rebuilt in its present location. The reasons given were, in part, that the ground area was too small for future development, that no expansion was possible because it was surrounded by streets, and that it was noisy—particularly the church bell and the fire alarm whistle on the electric light station. The staff recommended to the trustees that land be acquired in the country. At a later meeting on November 24, the trustees were again urged to proceed to acquire a new site for the hospital and to plan and build as rapidly as possible. The hospital was overcrowded and the physicians and nurses were working at great disadvantage and inconvenience to the detriment of the care of the patients.

At a meeting of the staff, held on November 14, 1914, there was much criticism of the board of trustees for their delay in making plans for the construction of a new hospital. All members were urged to interview as many trustees as they could and urge them to proceed with the building, even if there was not enough money in sight, as the community was much in need of its services. Drs. Sargent and Sturgis were appointed a committee to make known to the trustees how the staff felt.

In May 1915, at the annual meeting of the staff, Dr. Edward L. Peirson was elected president. Mr. Arthur W. West, the president of the board of trustees, was present and said that the trustees were about ready to prepare preliminary plans for a new hospital to be constructed on a plot of about twenty-five acres of land on Highland Avenue which they had just purchased. He outlined the general plans and asked for suggestions. There was much discussion and suggestions were made, many of which were adopted.

Mr. Arthur W. West, who had been president of the trustees since 1896, resigned in June, 1915. Mr. West had been a trustee since 1889. He had seen the hospital grow, both in occupancy and in buildings. He had given his time and thought to its administration and was largely responsible for the excellent efficiency of the new hospital on Charter Street. His resignation was accepted with great regret. Mr. Matthew Robson was elected in his place.

The firm of Haven and Hoyt of Boston had been selected to design and build the new hospital. On July 26th, Mr. E. H. Hoyt, the architect, attended a staff meeting and displayed the preliminary plans and asked for criticism and suggestions. The general layout was approved and it was voted to approve the preliminary plans for the new hospital to accommodate not less than 132 beds. At a meeting on August 5, 1915, on a motion by Dr. Field, it was voted that a committee be appointed to confer with the trustees and the architect on the plans and construction of the new hospital, and to assist them in any way they desired. The president appointed Dr. E. L. Peirson, Dr. Thomas Kittredge, Dr. Ara N. Sargent and Dr. Walter G. Phippen. A communication from the trustees dated February 25, 1916 stated that the trustees would be very glad to have the committee continue to advise the trustees during the construction of the new building. The trustees asked the staff to nominate a member to serve on a committee of the trustees on furniture and equipment, and Dr. Sargent was so nominated.

At a meeting held November 26, 1916 it was voted that the committee on pathological laboratory (Drs. Peirson, Phippen and Field) again take up the matter of a resident pathologist. At that time all surgical specimens were sent to a Boston laboratory and

the results were very unsatisfactory. In 1916, Miss Edith Hoadly was appointed dietitian, a position which she continued to fill with great satisfaction for many years. She had been Assistant Dietitian since 1913.

Anesthesia was usually given in hospitals by the family physician or by one of the younger members of the staff. Some physicians in the larger cities had taken it up as a specialty; also some hospitals were training nurses for this service. Miss Louise McMurray, who had been trained in anesthesia at St. Marlebone Infirmary in London, came to talk with some members of the surgical staff. They were so impressed with her capability and the desirability of having such help in the operating room that they recommended her appointment as nurse-anesthetist. The trustees, however, objected to the added expense, whereupon the surgeons put their hands in their pockets and produced enough cash to pay her salary for a year. She proved to be most efficient, amply justifying the expense. The surgeons were enthusiastic and the trustees relented. Thereafter nurse-anesthetists became a fixture at the Salem Hospital.

The First World War disrupted the work of the hospital to some degree. Dr. DeWitt S. Clark enlisted early with the M.G.H. Base Hospital No. 4. Later, Dr. W. W. Hennessey volunteered his services. Also, many nurses and other personnel enlisted either with the army or navy. All hands carried on as best they could, at great discomfort without complaint, for three years.

Miss Ellen Drisko resigned as Principal of the Training School in 1916, and Miss Margaret R. Brow was appointed in her place.

All anxiously and eagerly awaited the completion of the new hospital. The site selected by the trustees was the Ware Estate on Highland Avenue at the beginning of the so-called "Great Pastures." It was a 25-acre tract crowned by a pinnacle of rocky ledge called "The Lookout," the scene of many Night-before-the-Fourth tar barrel bonfires. The top of this pinnacle was blasted off and the main hospital building erected on its highest point. The arrangement of the building with its overhanging open balconies extending out onto a southern exposed terrace was somewhat unique in hospital construction at that time, and it could be said that every room had a view. There were twenty private rooms, forty-four semi-private rooms, twenty male and twenty

female ward beds, nineteen maternity beds and eleven children's beds. There were approximately 160 beds in all. The two wards on the ground floor were open and held twelve beds each, with only portable screens between the beds. There were sun parlors on the Southern end of each wing. It was not planned to have beds in the sun parlors! The wards on the second floor were narrower and were planned for eight beds each. Again no beds in the sun parlors. The southern wing on the east side, third floor, was an open ward for maternity patients. The delivery suite occupied the north wing on the east side of the third floor. It contained two delivery rooms, a labor room, sterilizing room, doctors' room and two nurseries, which were separated from the delivery suite proper by a door. It was very modern and complete for the time.

The operating suite was in a separate building which contained three operating rooms with the necessary anesthesia, sterilizer, storage, and locker rooms for the surgeons. Beyond this was the domestic building, containing the kitchen, dining rooms, laundry and sleeping rooms for both male and female employees. These buildings were connected with the main building and with each other by a one-story covered brick passageway. Thanks to Dr. Ara N. Sargent, a modern up-to-date chemical laboratory was constructed in the basement, beneath the east wing sun parlor. It was adequately equipped with proper acid-resisting counters and a chemical table in the center, provided with gas and electric outlets and hot and cold water. This was quite an innovation, as the laboratory in the old hospital had little or no equipment.

The X-ray department was located where the physiotherapy department is now and where the accident room was for many years. The control was placed behind a brick wall for protection of the operator and there was an adequate darkroom behind that. The superintendent had a small office where the admitting office is now. All admitting of patients except those entering through the out-patient department was done at the counter at the switch-board. The room that has just been vacated by the coffee shop was the medical staff room, with a coat room and a smaller office for the president and secretary. The top floor, where the interns now live, had not been finished, so the two interns were quartered in the two rooms across the hall, now occupied by the training school offices.

The hospital was opened for inspection on November 16, 1917 and dedicated on November 17, 1917. Mr. Matthew Robson, the president of the board of trustees, presided; the greetings of the city were expressed by Hon. Henry P. Benson, Mayor, one of the trustees who was later to be president of the trustees. The principal speaker was Dr. Henry Pickering Walcott, the president of the Massachusetts General Hospital. Dr. Walcott was a native of Salem, had been chairman of the State Board of Health, president of the Massachusetts Medical Society, and acting president of Harvard College. Mr. Edward H. Hoyt, who was the working architect of the building, and Mr. Clarence H. Blackhall, who was the consulting architect of the Salem Rebuilding Commission, also spoke. All were enthusiastic in their praise of the new buildings. All that remained now was to occupy them.

III

THE NEW HOSPITAL
ON HIGHLAND AVENUE, 1917-1931

The second evacuation of the hospital on Charter Street was accomplished with celerity and safety. All was prepared beforehand. Admissions had been limited to emergencies for some time, and every patient who was at all able to do so was sent home several days in advance of moving day. At the new hospital on Highland Avenue, all was in readiness—beds made—supplies distributed—operating suite equipped—heat on—and kitchen ready to go. Everything was arranged well except the weather; November 27, 1917 proved to be the coldest day in an extraordinarily cold winter. However, with the help of the Salem and Marblehead police ambulances, many private automobiles, and the able direction of Dr. Ralph Haywood, the surgical intern at the time, all patients were transferred without mishap. Breakfast was served on Charter Street and lunch on Highland Avenue.

It was surprising how easily and quickly the staff and other personnel adapted themselves to their new environment. There were some inconveniences of course; there were some mechanics still at work, but there was no confusion and everything was very satisfactory. Dr. Kittredge, the President of the staff, was given the honor of performing the first operation in the new theater, and the staff stood around to applaud as he made the first cut.

At the first meeting of the staff at the new hospital, held on December 7, 1917, it was voted "that the staff desired to express to the trustees their appreciation of the new hospital and of the thoughtful consideration of the needs of the staff and the arrangements and equipment."

The trustees regretted that they could not proceed immediately with the construction of a home for nurses because of lack of funds. This was particularly unfortunate as it not only curtailed the bed capacity and eliminated the Children's Ward, but it also prevented the enrolment of larger classes of nurses in the Training School.

In September and October, 1918, Salem was visited by a severe epidemic of influenza. The hospital facilities were strained to the utmost. Not only was the demand for beds abnormal, but many

of the personnel were afflicted. All but five of the Training School—all its officers, five of the office force and both interns were ill at one time. Nurses and volunteer helpers came to help us from distant places. Also Dr. Clark and Dr. Hennessey and many of our nurses and other personnel were with the armed forces. Fortunately few of the Medical Staff were ill and none seriously. Somehow we weathered the gale until cold weather brought an end to the epidemic. The staff also helped service a temporary hospital that the Board of Health established in an unused dormitory at the St. Chrétienne Academy. Dr. William V. McDermott was appointed our first consulting neurologist in addition to his position as attending physician.

The four out-patient surgeons were given the additional title of assistant surgeons. A venereal disease clinic was established under the sponsorship of the State Department of Health and was authorized to distribute Salvarsan. Because of the increase in the work of the X-ray department, Mr. M. R. Osborn was appointed Assistant Radiographer.

The American College of Surgeons was founded in 1913, and at its second convocation in Philadelphia in June, 1914, Dr. Hardy Phippen and Dr. Walter G. Phippen were enrolled as fellows. Dr. Kittredge and Dr. Field were elected fellows a few years later. Dr. Franklin Martin, the director general of the College was largely instrumental in persuading the regents of the College to start a movement toward the "standardization of hospitals." At a meeting of the staff on November 7, Dr. Kittredge, the president, addressed the staff on the "minimum standards for hospitals" as suggested by the American College of Surgeons. The points he mentioned as being stressed by the College were accurate histories and case records, regular staff meetings, laboratory efficiency, clinical conferences and the creation of a staff council or executive committee. He urged strongly that the hospital comply with these requests so that it would meet the minimum requirements of the College. Thereupon it was voted that regular meetings of the staff should be held on the last Tuesday evening of the month and that clinical conferences for the discussion of cases should be held. It was also voted at this meeting to establish a staff council to consist of the president, the secretary and the senior members of the surgical, medical and

out-patient staffs. It was voted that the trustees be requested to provide a laboratory technician to be under the authority of the principal of the Training School. These recommendations were approved by the trustees on November 12, 1919 and the technician authorized.

This was adopted. There was some discussion as to who would be allowed to attend the conferences, and it was voted to allow the superintendent of the Training School, executive officers and head nurses on the wards to be admitted to the presentation of cases, but they were to withdraw before the discussions. It must be remembered that physicians were still hesitant to discuss their cases in groups of their contemporaries. A little of the old rivalry still persisted. They were particularly anxious that if any criticism developed it should not get abroad. Hence the exclusion of the lay personnel.

Miss Minnie R. Young, a graduate of Miss Griffin's Technicians School at the Huntington Hospital, Boston, was appointed the first laboratory technician at the hospital and began work in March, 1920. In the trustees' report for the year 1921 the following note from the director general of the American College of Surgeons appears:

Your splendid work and the fruits of it, which are apparent in your community must offer you more gratification than the stamp of our approval ever can. However, it gives us real pleasure to recognize and commemorate the stand for better hospital service you have made.

The evolution of the X-ray from a photographic phenomenon to a necessary physiological and anatomical aid to diagnosis is an interesting story. Most of the pioneers in X-ray work had had no medical education. They knew the mechanics of their apparatus but not of their subjects. What knowledge they had of physiology and anatomy was due to independent study and to their association with doctors. Mr. Walter Dodd, one of the very early pioneers in the work, was a pharmacist at the Massachusetts General Hospital and had been interested in photography. He later took courses in the medical school and became an authority in radiography. Neither Mr. Brown nor Mr. Osborn had had any medical education.

As the medical profession realized the usefulness and potentialities of this service, several young graduates in medicine began to take up this work as a specialty. The staff of the Salem Hospital recognized the value of such a service and looked about for such a physician. Very shortly it was learned that Dr. Roy S. Perkins, who had considerable training in radiography in Boston, was available and acceptable to the staff. It was therefore recommended to the trustees that he be appointed radiologist and that the necessary fluoroscope and stereoscopic apparatus be purchased.

The trustees readily agreed to this recommendation. The necessary apparatus was purchased, and Dr. Roy S. Perkins was appointed radiologist early in 1923. Mr. Brown and Mr. Osborn remained as radiographer and assistant radiographer, respectively. The trustees' report at the end of the year comments, "This installation has fulfilled our expectations and the X-ray work of the hospital has greatly increased in volume. The members of the staff speak in high praise of what this new equipment means in carrying on the professional work of the hospital."

During the year Dr. Harvey Newhall resigned as orthopedic surgeon and Dr. Mark H. Rogers, orthopedic surgeon at the Massachusetts General Hospital, was appointed consulting orthopedic surgeon, and at the same time Dr. J. Dellinger Barney, chief of the genito-urinary department at the Massachusetts General Hospital, was appointed consultant in genito-urinary surgery. Both these surgeons were classmates of Dr. Walter G. Phippen and colleagues of his as interns at the M.G.H. Miss Helen M. Selby resigned as principal of the Training School and Miss Bertha M. Low was appointed in her place. In January, 1923, Mr. Matthew Robson resigned as president. His term of service covered a most important period in the history of the hospital. His wise judgment and keen interest in the construction of the new hospital was of inestimable value. Mr. George W. Grant, who had been a trustee since 1919, was elected in his place.

The Essex South District held its meeting at the hospital for the first time in 1923. A clinic was held at 5:30, with the demonstration of cases by members of the staff, and a dinner was served at 7:30 in the nurses' dining room. The new president

of the hospital made a few remarks and Dr. William H. Smith of the M.G.H. was the principal speaker.

March 11, 1923, the staff and the hospital suffered a great loss in the death of Dr. Thomas Kittredge. Dr. Kittredge had been a member of the staff for 46 years and for the last 10 years he had presided over its deliberations with dignity and fairness and great satisfaction to all. He was a very able surgeon, an early member of the College of Surgeons, and very much interested in its efforts to improve the organization of hospitals and the quality of surgery performed in them. Dr. James E. Simpson, the senior surgeon on the staff, was elected in his place. In 1923 the first basal metabolism machine was purchased to be used by the laboratory technicians, and the next year Dr. Tolman presented the first laryngoscope and a child's esophagoscope to the hospital. The committee on X-ray treatment reported to the staff that X-ray treatment was inadvisable. At the request of Miss Low, the principal of the Training School, it was recommended that all children up to 12 years of age be admitted to the children's ward and that one of the private rooms there be set aside for infants' feeding cases up to the age of two years. They had previously been admitted to the maternity nursery.

In 1924, 4,386 patients were admitted, eleven percent over the year before and the largest in the history of the hospital so far. Dr. Harold C. Bean, a graduate of the Harvard Medical School and an assistant to Dr. Charles F. Painter, orthopedic surgeon in Boston, came to Salem and began the practice of orthopedic surgery. He was appointed to the staff as assistant orthopedic surgeon on December 26, 1924.

Beginning with the year 1925 a massage clinic was inaugurated, held in the out-patient department three afternoons a week under the direction of Miss Sain Hagan, an experienced masseuse. October, 1924, was the 50th anniversary of the admission of the first patient to the hospital, and the board of trustees announced a hospital day and invited gifts of both money and supplies. As a result of this appeal \$9,816.73 was received.

In January, 1925, the assistant surgeons were relieved of their duties in the out-patient department and venereal disease clinic, and two new members were added to the out-patient staff.

The staff was dissatisfied with the examination of pathological specimens. They were sent to Boston by mail to the State Cancer Commission in inadequate containers that sometimes leaked, much to the annoyance of the Postal Service. The report would show whether the specimens contained cancer cells, but little other description of the tissue. A resident pathologist, who would examine the specimens in our own hospital was very much desired, but Dr. S. Burt Wolbach, Professor of Pathology at the Harvard Medical School, assured us that not enough Pathologists had been trained to even satisfy the large metropolitan hospitals. He offered to have the specimens examined in the Medical School laboratory. This offer was accepted, and the results were somewhat more satisfactory.

Some of the members of the staff felt that the reporting of the X-ray examinations was not entirely satisfactory. The radiologist would report a film as "negative" but without a description of his findings. He would report a gastro-intestinal series as "no pathology found" without a description of the actual progress of the barium. The radiologist gave the staff members little opportunity to consult with him about the films, as he made his visit at his convenience in the afternoon. Dr. Perkins was asked to attend a staff meeting and after some discussion he agreed to write more detailed reports if he could have the services of a stenographer, and to devote an afternoon each week for consultations with the staff. The trustees readily agreed to provide the stenographer and the plan was put into effect.

Blood transfusions were now becoming more frequent, and there was some discussion as to who was qualified to do them. It was suggested that this duty be given as a special assignment to some staff member, but no action was taken. I can find no mention of what method was used at that time, but I believe the Cornell two-way syringe direct from donor to recipient was used. Miss Gibson, the laboratory technician, had become qualified to type blood.

The nurses were still occupying rooms on the second floor east which were badly needed to accommodate patients still on a waiting list. The three-story apartment house on Highland Avenue had been acquired several years before as an annex to accommodate some nurses, and later a small addition had been added

to the rear. This not only did not furnish enough extra rooms, but what was more important, provided no library or recreational facilities. The trustees were well aware of the need of a suitable nurses' home but could not see their way financially to build. Mr. Robert Osgood, a trustee, died in 1926 and left a bequest of \$150,000 to the hospital, and it was generally understood that he hoped the money would be used to build a nurses' home.

Therefore a special meeting of the trustees was held on January 27, 1927, and it was voted to proceed with the erection of a nurses' home. Haven and Hoyt, who had designed the hospital to everyone's satisfaction, were engaged to plan and supervise its construction. There was considerable discussion as to where to build it. The knoll on which it now stands was thought by some to be too far away from the hospital, that it would be difficult to heat from one power plant, that it would be uncomfortable for the nurses to walk to the hospital in inclement weather, etc. These objections were overcome and the home was constructed where it stands today. The home was occupied on February 9, 1928. There were now sixty-four nurses in the school. Twelve nurses were sent during the year to affiliate with the North Shore Babies' Hospital.

There was considerable discussion both in meetings of the trustees and of the staff in 1926 regarding patients' histories and the staff voted "that the supervisors on the wards be instructed to see that at least the preliminary diagnosis, final diagnosis, operation diagnosis and condition on discharge be written at the time of discharge of the patient. Dr. Alfred LeBoeuf asked to be relieved of his duties as assistant physician in the Out-Patient Department, as he was giving up the general practice of medicine to devote himself wholly to the treatment of diseases of the nose and throat. This was granted and he was appointed assistant surgeon for diseases of the nose and throat. Drs. Stuart N. Gardner and Ignatius Zielinski were appointed to the Out-Patient Department. It was voted to invite doctors not on the hospital staff to attend the clinical conferences. In June, 1927, Dr. John G. Adams was appointed to the out-patient department staff.

The massage clinic was not well patronized, and, in order that Miss Hogan could get enough patients to give the nurses necessary instructions, she was given permission to use the ward patients

for this purpose. The trustees made it possible for Miss Marguerite Nolan to be available for taking dictation for histories, physicals, or other data relating to the charts and that she could be found in the house officers' office every morning from 9:00 to 12:00. This is the first notice of a record librarian. Miss Nolan had had training under Mrs. Grace Myers, the record librarian at the Massachusetts General Hospital. Miss Low was asked to assign nurses experienced in anesthesia to accompany post-operative patients from the operating room to their rooms.

At a meeting of the staff on July 19, 1927, Dr. Sargent reported that the administration was very much concerned because of a series of eye infections among the babies in the maternity ward. In 284 deliveries there had been thirty cases of ophthalmia neonatorum, or one case in every ten. It was decided to take drastic steps to end this epidemic. All the babies were discharged from the nursery and new babies admitted to a temporary nursery. The entire personnel, utensils, bedding, etc. were changed and the silver nitrate which had been prepared in the hospital was now purchased from a druggist. The cases, fortunately, were mostly mild. As a result of the discussions, it was agreed that physicians caring for the babies should themselves instill the silver nitrate into the eyes and that Dr. Carroll, ophthalmologist, should see each case promptly. These precautions were successful, because on September 27, 1927, Dr. Sargent reported that only one or two cases had developed since the last meeting and none for several weeks. Nonetheless, he was apparently concerned about the maternity and nursery situation, noting that other hospitals, notably the Boston City Hospital, had had serious epidemics of dysentery in their nursery. He advised that the maternity department should be in a separate building and that this should be the next building operation at Salem Hospital.

With the transfer of the nurses to the new nurses' home, several physical changes were made in the hospital. Fifteen more private rooms were made available. The children were moved to the east wing, second floor, where three glass and steel cubicles were erected for isolation cases in the open ward. The maternity ward was divided into four private rooms. The middle section of the second floor was given over to medical cases and the ward divided into six cubicles. The bed capacity was now 145.

At a meeting held on November 29, 1927, Dr. John G. Adams was appointed librarian. A communication from the Middlesex South District Medical Society concerning industrial accident insurance cases was received. Ever since the law had gone into effect, these cases had been admitted in most hospitals as ward cases, charged ward rates and cared for by the surgeon on service, who was not allowed to charge for his service. This was thought unfair, as insurance companies were not objects of charity. Several hospitals had already decided to classify these patients as private or intermediate cases. After considerable discussion it was voted to recommend to the trustees that hereafter industrial accident cases be admitted only as intermediate cases and charged accordingly, and that they should be allowed the surgeon of their choice who should render his own bill. If they had no choice of surgeon they were to be assigned to the surgeon on service at the time. The trustees consented and the rule went into effect January 1, 1928.

The hospital received a congratulatory letter from Dr. McEachern, Director of the American College of Surgeons, stating that the hospital had passed the inspection and had been accredited, but he noted the brevity of the clinical histories and recommended that a record committee of the staff be appointed to correct this deficiency. This was promptly done.

A new type of splint for fractures, made of aluminum and therefore much lighter than the wooden splint called the Zimmer Splint had come on the market, and Dr. Bean recommended that the hospital purchase an assortment of these splints. He also recommended that they be kept in a separate cabinet in the accident room and that a rental charge be made to those patients using them, such charge to be rebated on return of the splint.

Dr. Ralph W. Haywood was appointed to the out-patient staff and Dr. LeBoeuf was appointed assistant ophthalmic surgeon. It was voted to recommend that an assistant night supervisor be provided. The number of operations had increased about forty percent in the past four years. In 1927, 2180 were performed, causing some confusion in the operating room at times. An assistant anesthetist was authorized and Miss Bergland, the supervisor of the operating room, was given absolute authority to arrange the time and sequence of operations.

At a meeting held on October 25, 1928, the secretary reported as follows:

Under the will of Dr. William Mack, one of the original staff of the hospital, \$5000 had been bequeathed to the Essex Institute to buy rare and expensive medical books for the use of doctors of the community. At the time of his death the amount of property left was not sufficient to pay the bequest in full. A certain amount was, however, given to the Essex Institute in trust. This trust had now accumulated to \$5000. The trustees of the Institute offered to expend the interest of this trust for books for the Salem Hospital library provided that special bookcases were built and properly inscribed.

This offer was gladly accepted and the Mack Memorial Library was inaugurated.

On November 7, 1928, the Essex South District Medical Society was again entertained at a clinic at 5:00 o'clock, with dinner following.

The staff was still dissatisfied with the examination of the pathological specimens. On several occasions the reports did not agree with the clinical findings of the surgeon. Dr. Wolbach agreed that there was too much chance for error in transmitting the specimens by mail, but still there were not enough pathologists to satisfy the needs. The Beverly Hospital Staff were having the same difficulties and the secretary had many conferences with Dr. Parkhurst in the hope that some coöperative arrangement could be worked out. Later Dr. Parkhurst telephoned one evening that Dr. Charles L. Branch, assistant pathologist at the Massachusetts Memorial Hospital, was coming down to perform an autopsy at the Beverly Hospital and thought he might be interested in our situation. So Dr. Sargent and the Secretary went to Beverly and interviewed Dr. Branch. He was interested and agreed to serve both Salem and Beverly on a part-time basis. The staff recommended that Dr. Charles L. Branch be appointed Pathologist, the trustees readily agreed and our Pathological Department was inaugurated on November 27, 1929. Henceforth all specimens were examined in our own laboratory under Dr. Branch's supervision and a second technician was appointed.

In January, 1929, Dr. Guy C. Randall who was on the staff of the Danvers State Hospital was appointed our first psychiatrist.

In appointing Dr. Edward L. Peirson, Jr. to the out-patient staff, the trustees called attention to the fact that he was the third generation of the Peirson family to serve the Salem Hospital and the fourth to practice medicine in Salem.

During the year 1929 the X-ray room was remodeled and a cystoscopic room was added. Entirely new equipment, both stationary and portable, was installed. Before this, the X-ray machine had belonged to Mr. Ralph Brown and was loaned by him to the hospital. The hospital had begun the use of safety X-ray films in 1925, and after the disastrous fire in the X-ray department at the Cleveland Clinic, all our inflammable films were destroyed. Mr. Osborn resigned as technician and Mr. Edward F. Cronin was appointed in his place. The department was much better equipped to furnish more prompt and efficient service.

Mr. Matthew Robson, who had been a trustee for thirty-nine years and president from 1915 to 1922, died on July 12, 1929. Mr. Robson had been president during the construction and occupation of the new buildings on Highland Avenue and his judgment and advice were of inestimable value.

Several changes were made in the staff roster during the year 1930. Dr. George K. Blair, Dr. James E. Simpson and Dr. Hardy Phippen were advanced to the advisory board. Dr. Horace Poirier was appointed attending physician. Drs. George E. Tucker and Charles L. Curtis were appointed attending surgeons, and Dr. John G. Adams was relieved of his duties as a member of the out-patient staff and was appointed assistant surgeon for diseases of the nose and throat. Dr. Edgar A. Wright was appointed dental surgeon and Dr. Douglas E. Newhall was made associate dental surgeon. In November, Mr. Wilbur B. Bigelow, who had been superintendent for nearly twenty-two years, resigned because of ill health. During his long service he had acquired a wide knowledge of hospital methods. He had safely guided the hospital through the ordeal of the fire and the difficult days thereafter. His advice and help in planning the new hospital and in "settling in" was of inestimable value. His friendly manner was gravely missed.

IV

A PERIOD OF REORGANIZATION, 1931-1940

On January 1, 1931, Mr. Oliver G. Pratt was appointed superintendent. Mr. Pratt was a native of Salem, a graduate of the Massachusetts Agricultural College, had seen service in the first World War, and for several years had been in charge of the Forestry Department of the City of Salem. While he had had no experience in hospital affairs, he had acquired considerable ability in organization and handling of personnel. The trustees felt that such ability was needed to coördinate the several departments of the hospital and bring more efficiency within the organization. Mr. Pratt soon grasped the intricacies of hospital affairs, and the choice was amply justified.

The hospital received its first Drinker respirator as a gift from friends of the hospital. Miss Mildred A. Carson was appointed office manager, and the whole office system was modernized under the guidance of Mr. J. Chester Crandell, C.P.A., the assistant treasurer. A record room was constructed in the basement, and Miss Margaret V. Nolan was appointed record clerk. The trustees passed the following vote which was transmitted to the staff at their January 22, 1931, meeting:

That in making appointments (to the staff) the trustees will consider the fitness of the applicant for the special services which he will be called upon to perform and will seek to secure the best service available without being bound by any customs of promotion of seniority.

At a meeting held on May 28, 1931, it was voted:

It is the privilege of the attending physician or surgeon to transfer any case to a specialist. When the case is so transferred it shall be so recorded on the chart at the bedside and the specialist shall assume responsibility during the stay of that patient in the hospital, regardless of change of service.

The superintendent called attention to dilatory histories and to poor attendance at staff conferences. This admonition eventually had a good effect, as he reported to the staff on December 31, 1931, complimenting the staff on the completion of their records and saying that the new year would start with a clean slate. He also stated that every facility would be provided in the new record room so that records could be kept up-to-date daily.



FIG. 1. THE ORIGINAL SALEM HOSPITAL BUILDING AT 31 CHARTER ST. BUILT 1804-1805 FOR NATHAN PEIRCE. LATER PURCHASED BY JOHN BERTRAM AND GIVEN TO THE HOSPITAL IN 1873. PHOTOGRAPH BEFORE 1885, WHEN BRICK WING WAS ADDED.



FIG. 2. THE NORTH FRONT OF THE SALEM HOSPITAL ON HIGHLAND AVENUE. PHOTOGRAPH TAKEN IN MID-1940'S.



FIG. 3. CORNERSTONE CEREMONIES OF THE WALTER GRAY PHIPPEN BUILDING, 1957. LEFT TO RIGHT, DR. PHIPPEN, DR. MARTIN T. FIELD, AND REV. BRADFORD E. GALE.



FIG. 4. SOUTH FRONT, WITH NEW MATERNITY BUILDING AT RIGHT, 1941.

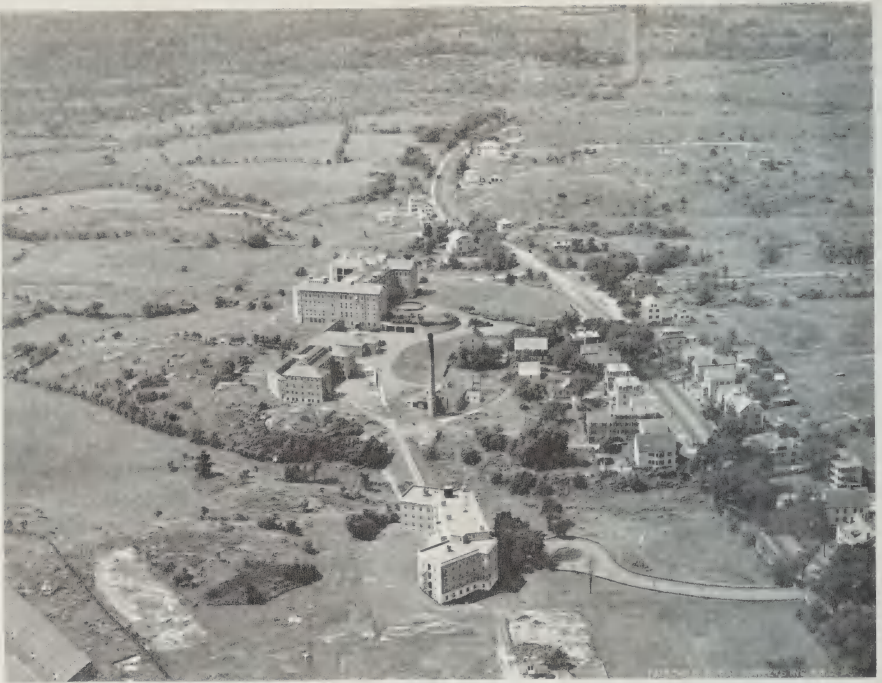


FIG. 5. 1927 AERIAL VIEW, SHOWING THE MAIN BUILDINGS (REAR), THE SERVICE BUILDING, AND THE NURSES' HOME, FOREGROUND.



FIG. 6. 1952 AERIAL VIEW, SHOWING THE MAIN BUILDINGS (REAR, LEFT), THE MEDICAL OFFICE BUILDING (REAR, CENTER), THE PHIPPEN BUILDING (LEFT), THE NORTH SHORE BABIES' AND CHILDREN'S HOSPITAL (CENTER, FOREGROUND), AND THE NURSES' HOME (RIGHT FOREGROUND).

The hospital again entertained the Essex South Medical Society on November 4, 1931. In 1932 Dr. Edward Peirson, Jr., was relieved of his duties in the out-patient department and was appointed assistant urologist, and Dr. J. Robert Shaughnessy was appointed to the out-patient service.

A communication was received by the staff from the Salem Hospital Nurses' Alumnae Association complaining of lack of work and asking the staff if they thought a reduction in their charges would produce more opportunities for work. After considerable discussion the staff voted that they thought the graduate nurses would be wise to reduce their charges. The Nurses' Association later voted to let the charge of \$6.00 a day for twenty-four hour duty stay, but to charge \$5.00 a day for twelve hour duty. This situation was relieved somewhat later on when the hospital began to hire floor-duty nurses at a fair salary, with the understanding that they could leave for private duty at one-half hour's notice.

Miss Bertha Low resigned as Principal of the Training School in October 1931 and Miss Emeline K. Mills of the Toledo, Ohio, Hospital was elected in her place. Miss Carolyn Upton was Assistant Superintendent of Nurses, and there were now two full time instructors, ten supervisors, and a house mother.

The Training School improved greatly under Miss Mills' leadership. The classroom facilities had been inadequate for sometime, but during 1933 the Solarium on the top floor of the nurses' home was entirely remodeled to provide a large reference library, a study hall, and a practical classroom with utility room and linen closet equipped to resemble as much as possible a hospital ward. A clinical laboratory was also set up in the basement of the home. The school became affiliated with the Children's Hospital in Boston for Pediatric Training.

On March 21, 1933, Dr. George Bigelow, Commissioner of Health of Massachusetts, asked the coöperation of the hospital staff in the campaign for the early recognition of appendicitis and prompt operation therefor, and against the use of self-prescribed laxatives for abdominal pain.

Physicians not on the hospital staff were loath to send patients with abdominal pain to the hospital without consultation at home with a member of the surgical staff. They feared criticism if

their diagnosis was incorrect both by their colleagues and by the family of the patient. White counts were almost never done outside the hospital. Delay was often serious, as an acute, inflammatory appendix might easily rupture in the meantime, and a simple operation turn out to be a very serious one. The staff agreed to coöperate; and in conjunction with the Massachusetts Medical Society which sent speakers, a series of clinical lectures were held once a week in the auditorium of the Nurses' Home. These were well attended and were continued for several years, an example of the graduate teaching of medicine.

At the annual meeting of the trustees in January, 1934, the superintendent was able to report that all records were up-to-date and noted that, while the autopsy rate had decreased in general, there had been an increase in autopsies on private patients. The staff voted unanimously to oppose a bill before the legislature that, if enacted, would prohibit registered nurses from giving anaesthesia even though specially trained for that purpose. A diet-teaching laboratory was established in the out-patient department under the direction of Miss Hoadley.

Dr. Shaughnessy was appointed health officer for the employees, except for the nurses, who were to be Dr. Sargent's responsibility. The interns were relieved of their duties in the drug room, and a registered pharmacist was employed for one or two hours each day. The staff council appointed Dr. Zielinski advisor to the administration in pharmacy procedures and Drs. Donaldson and Gardner in the use of oxygen therapy and the Drinker respirator.

On October 24, 1934, the staff voted that hereafter everyone entering the operating room should be required to wear a cap and mask as well as a gown. A communication from the superintendent on November 30, 1934, read as follows: "During the past month the hospital has had presented to it and has placed in operation (in the children's solarium) equipment to furnish ultra-violet treatment to all children in the children's ward." A second transportable metabolism machine was purchased.

On December 5, 1934, a letter was received from Dr. Malcolm McEachern of the American College of Surgeons, complimenting the hospital for its coöperation in the program of hospital standardization, but he suggested that the staff by-laws be rewritten,

that the clinical records be more complete, and that a record committee should be set up to supervise the records. The Essex South District Medical Society was again entertained on December 5, 1934, with a clinic and dinner. Dr. Shields Warren was the speaker.

Dr. Edward L. Peirson, Sr., died on January 18, 1935 and Dr. James E. Simpson on January 19, 1935. Dr. Peirson had been a member of the staff since 1890 and was president from 1915 to 1917. Dr. Simpson had been a member since 1891 and was president from 1923 to the time of his death. He was very loyal to the hospital and did much to help it gain accreditation by the American College of Surgeons. He presided over the deliberations of the staff with great dignity, patience and fairness.

At a meeting of the staff held on January 24, 1935, both Dr. Donaldson and Dr. Field were nominated for the presidency. Both appreciated the honor accorded them but declined to serve. Whereupon the following slate was elected:

President—Dr. Walter G. Phippen

Secretary—Dr. Stuart N. Gardner

Librarian—Dr. J. Robert Shaughnessy

At a meeting of the trustees held on January 29, 1935, Dr. Edward L. Peirson, Jr., was promoted from assistant urologist to urologist. The new staff by-laws were approved and signed by the president and clerk of the board.

A change in the policy of the hospital as to the geographical area it should serve occurred in the spring of 1935. A special meeting of the staff was called at the request of Mr. Grant, the president of the board of trustees, who came and addressed the staff. Membership on the active staff had been limited heretofore to physicians living and practicing in Salem. The trustees were concerned because Salem had not grown and there was little incentive for new physicians to settle here, whereas Marblehead was growing. Many young people were settling in Marblehead in the Clifton, Chapel Pines, and in the new-developing Little Farms sections. The trustees thought it might be wise to add three Marblehead physicians to the staff. This had been discussed with the staff council which was sympathetic to the idea. Mr. Grant, the superintendent, and the president of the staff had met

informally with Dr. S. C. Eveleth, Dr. Franklin R. Ireson, and Dr. Malcolm M. Restall. They agreed that they would accept an appointment to the staff if it were offered. Mr. Grant then said that the trustees would welcome the recommendation from the staff that these doctors, as well as Dr. Arthur W. O'Neil of Salem, be given an appointment to the out-patient staff. This was done and they were duly elected by the board of trustees on April 22, 1935. Drs. Hogan, Haywood and Zielinski, assistant surgeons, were relieved of their out-patient duties.

The Nurses' Alumnae Association, disturbed at the number of graduates of other nursing schools working as private duty nurses in Salem Hospital, voted to charge such nurses \$5.00 for this privilege for one year. The money was to be used to pay the dues of ill members. They also voted to discontinue twenty-four hour duty, to substitute a twelve-hour day and a twelve-hour night shift at \$5.00 each and \$6.00 for obstetrical, mental, alcoholic, and contagious cases. On June 27, 1935, on recommendation of the staff council, a dental intern was appointed.

Miss Emeline K. Mills resigned as principal of the training school as of October 31, 1935, to accept the position of principal of the training school of the Union Memorial Hospital of Baltimore, Maryland. Miss Mills had done much to improve the educational aspects of the training school, and it was now fully accredited. Miss Mabel Booth was appointed principal of the Training School as of December 1, 1935. The school now consisted of seventy-seven pupils, and nineteen nurses graduated in 1935. The nurses affiliated with the Charles V. Chapin Hospital of Providence for contagious diseases for three months, with the Boston Psychopathic for three months, and with the Salem Visiting Nurses' Association and the Boston Children's Hospital for two months.

The hospital was designated by the state department of health as a laboratory equipped to type blood of pneumonia patients and to dispense anti-pneumonia serum to properly selected cases. In January, 1936, Dr. William V. McDermott was relieved of his duties as visiting physician while retaining his position as neurologist. Dr. Franklin R. Ireson of Marblehead was appointed visiting physician. In October, 1936, the superintendent called attention to a new consultation sheet that should be filled out and

signed by the consultant at the time of the consultation and placed with the patient's chart. Dr. Paul E. Tivnan was appointed radium therapist on November 7, 1936.

The X-ray had become a very necessary aid in diagnosis of both surgical and medical cases. New equipment was being developed and X-ray therapy was an established fact. The interpretation of films and their prompt discussion with the physician or surgeon in charge of the case was not only desirable but necessary, if proper and efficient treatment was to be given. This service could not be rendered by a radiologist who came to the hospital for a few hours two or three times a week. The need for a full-time radiologist and an enlarged and modernized X-ray department, equipped to give therapy, was discussed by the staff, and informally with the superintendent, the staff council and some of the trustees.

At the meeting of the staff on December 29, 1936, the superintendent reported that the trustees had voted to put the X-ray department on a full-time basis, that Dr. Perkins had resigned, that Dr. Tivnan (who was radiologist at the Beverly Hospital and Radium Therapist at Salem) could not accept the appointment, and that they hoped the position could be filled by early spring. Contacts were immediately made with various hospitals and radiologists, and early in the year it was announced that Dr. Stanley A. Wilson, a diplomat of the board of radiology, had accepted the appointment as full-time Roentgenologist. Dr. Wilson had specialized in radiology for several years and had worked under Dr. Merrill Sosman at the Peter Bent Brigham Hospital. Shortly thereafter the trustees decided to construct and equip a new X-ray department, this to be a building on the north side of the corridor between the out-patient department and operating building. This was planned to be a connecting link with a future maternity and children's building.

Dr. George E. Tucker, attending surgeon and a member of the staff since 1910, died on December 30, 1936.

In December, 1936, the trustees took another bold step forward when they voted: "That appointments to the Salem Hospital Medical Staff as attending surgeons will be made only if the candidate is a fellow in good standing of the American College of Surgeons." Not many community hospitals had taken this step

at this time. Dr. DeWitt S. Clark was appointed attending surgeon with the knowledge that he had made application to the College and with the understanding that he should become a member. The staff decided to enlarge the consulting staff to include:

Dr. Paul D. White — Cardiologist

Dr. E. Lawrence Oliver — Dermatologist

Dr. Clarence A. Bonner — Psychiatrist

Dr. Olin S. Pettingill — Diseases of the Lungs

In 1937, for the first time the president of the staff presented a written report to the trustees which was printed in their annual report. He called attention to the fact that the functions of the hospital were threefold: first, the adequate and proper care of the sick; second, the provision for the continued instruction and education of its staff, both visiting and resident; third, assistance in the spread of information on medical subjects to the laity. In regard to the first function, 135 more patients were cared for by thirty-three staff doctors during the year. Two new clinics had been established in the out-patient department, a skin clinic under the direction of Dr. E. Lawrence Oliver, consultant in skin diseases, and a state-sponsored crippled children's clinic, under Dr. Harold C. Bean, orthopedist. To improve still further the medical care of the patients an electrocardiograph had been purchased, to be used under the direction of Drs. Gardner and Restall, with help from Dr. Paul White in reading the films.

In regard to the second function, he spoke of the training of the interns, the institution of grand rounds, the clincial conferences and the great advantage of having Dr. Wilson, the radiologist, available at all times. He also stated that Dr. Branch, the pathologist, was a great help. An adequate library was very much needed.

In regard to the third, rather recently recognized, function of the hospital, it was proposed to offer a series of public health talks to be held on Sunday afternoons in the auditorium of the nurses' home. The trustees had already instructed the superintendent to coöperate in this venture. This series was held during January and February of 1938 and was very well attended. The talks were considered well worth the effort. This series was continued for several years.

In January, 1938, the following appointments were made:

Dr. Richard J. Doyle — Out-Patient Department

Dr. Robert T. Moulton — Pediatrician

Dr. J. Robert Shaughnessy — Attending Surgeon

Dr. Malcolm Restall — Attending Physician

Drs. Wilson and Branch announced that they would conduct a clinical pathological conference on the second Thursday of each month at 4:00 p.m. This was also a new venture. Now that there was a pediatrician on the staff it was voted that he should supervise all artificial feeding in the maternity nursery.

Just before the annual meeting of 1938, the hospital sustained a great loss in the death of Mr. George W. Grant, its president. Mr. Grant had been president since 1915. After his retirement from the Old Colony Trust Company, his principal interest was the hospital and he was at the hospital some part of nearly every day. The Nurses' Home was built largely due to his efforts. Mr. Henry P. Benson, who had been a trustee since 1912, was elected president in his place. At about the same time, Mr. Charles S. Rea, who had been the first clerk of the corporation, sometime treasurer and a trustee for many years, died after a long illness. Dr. Malcolm Restall of Marblehead, who had been only recently appointed to the staff, died suddenly.

Before he died, Mr. Grant had recommended a change in the by-laws of the hospital, providing that trustees who had served continuously for 15 years could be designated trustees for life, thus retaining their advice from their years of experience but at the same time making room for several younger men on the board. Mr. Benson put through this change promptly and also set up committees so that all members of the board would have the opportunity to become interested in some phase of the hospital administration. The committees were:

Finance

Professional Services

Plans and Operations

Training School

The chairmen of these committees were to act as an executive committee. These committees proved to be very successful, especially the one on professional services. This committee, in spite

of its changing membership, but with a continuing sympathetic understanding of staff problems, has been in a large measure responsible for the cordial relationship that has existed over the years between the trustees, the administration, and the staff. This has not always been the case in other community hospitals.

The trustees were somewhat concerned about the future policy of the hospital and suggested to the staff council that a reorganization of the staff be considered in order to:

1. Maintain and improve the quality of medical care.
2. Develop the quality of the educational program.
3. Create a standing in the medical field that will attract well-trained and qualified doctors to come to Salem as interns and practitioners.
4. Correlate outstanding physicians in surrounding towns.
5. Departmentalize the several divisions of the staff.

These suggestions were duly discussed in the staff council, and after much deliberation it recommended to the staff that as a first step to carry out the wishes of the trustees, four services, surgical, medical, obstetrical and out-patient, should be created with a chief at the head of each, who should serve continuously throughout the year. This type of staff organization would not only assure continuity of service but would help to standardize methods and technique of treatment and provide better training for the interns. The trustees readily approved that recommendation, and the following chiefs were nominated by the staff and appointed by the trustees to take office June 1, 1938:

Surgical Service — Walter G. Phippen, M. D.

Medical Service — J. Frank Donaldson, M. D.

Obstetrical Service — Horace Poirier, M. D.

Out-patient Service — Thomas F. Henry, M. D.

At the same time the laboratory service was strengthened by the appointment of Dr. Donald Nickerson from the Boston University Medical School and the Memorial Hospital as assistant pathologist, to be at the hospital part of every day.

In October the staff assured the trustees that it would raise no objections to any reasonable coöperative arrangements with other hospitals in surrounding towns. It suggested that the Mary Alley

Hospital in Marblehead be offered the service of our clinical and X-ray laboratories. It further suggested that the doctors in Danvers be approached individually concerning their attitudes about accepting positions on the staff of the Salem Hospital. It further stipulated that if these out of town doctors were added to our out-patient staff, the people of these communities should have the service of the out-patient department on the same basis as the citizens of Salem. If this program were put into effect, it should go hand in hand with a building program to provide an adequate library, a conference room, and a maternity and children's building. The trustees unanimously adopted this program, voting to admit to the out-patient clinic worthy patients from Marblehead, Danvers and Swampscott, and to go ahead with plans for the library. On recommendation of the staff, the trustees made the following appointments to the staff:

- Aubrey C. Bishop, M.D., Danvers — Out-patient staff
- Charles F. Deering, M.D., Danvers — Out-patient staff
- John J. Moriarty, M.D., Danvers — Out-patient staff
- Edwin D. Reynolds, M.D., Danvers — Out-patient staff
- H. Graham Pope, M.D., Swampscott — Out-patient staff
- Wayne Hobbs, M.D., Lynn — Out-patient staff
- Philip J. Finnegan, M.D. — Tumor Clinic
- Margaret D. Welch, M.D. — Assistant Pediatrician
in Child Guidance Clinic
- Edgar C. Yerkey, M.D. — Associate Consultant in
Psychiatry
- Herbert Boyle, M.D. — Assistant Consultant in Diseases
of the Chest

In the summer of 1938, the need of volunteer workers in the hospital was brought to the attention of the trustees, and on August 17, Mr. Pratt, the Superintendent, invited a group of about twenty-five ladies to meet at luncheon with some of the trustees to discuss the forming of a Woman's Auxiliary. As a result a committee was appointed with Miss Mary Field as Chairman, Mrs. C. Henry Gifford, Secretary, and Mrs. Rogers Clark to draw up a constitution and by-laws. Mrs. David Wheatland was Chairman of a Sub-Committee on membership.

A second meeting was held at the Nurses' Home on September 12, 1938 at which a constitution and by-laws were adopted under the name of the Salem Hospital Aid Association.

At an organization meeting on December 5, 1938, Miss Mary Field was elected President, Mrs. C. Henry Gifford, Secretary, and Mrs. Robert Seamans as temporary Treasurer. Invitations to join the new organization met with a ready response, and at a tea the next day two hundred new members were welcomed, sixty of whom immediately signed up for active service. Their first and largest service at that time was making surgical dressings which was continued until 1942 when this work was taken over by the Central Supply Room.

So began the Hospital Aid Association which has given so much valuable service to the hospital over the years.

In June, 1939, the president of the medical staff of the hospital was elected president of the Massachusetts Medical Society. One of the founders of the Society in 1781 was Dr. Edward A. Holyoke of Salem, who became its first president. Dr. Amos H. Johnson, who was president from 1890-1892, was the only other Salem physician to hold that office.

Rapid advances in the field of surgical anesthesia had produced techniques of administration and types of anesthetics that were beyond the competence of nurse-anesthetists. Consequently a new sub-specialty of surgery came into being, the physician-anesthetist. The staff was anxious to take advantage of these advances but, as happened in the X-ray field, not enough physicians had as yet been trained to meet the demand. Thanks to the good offices of Dr. Frank H. Lahey of the Lahey Clinic, Dr. Robert R. Richardson became available for the position at Salem. Dr. Richardson was a graduate of the Indiana Medical School and had interned at the Indianapolis City Hospital. After a short period of general practice, he joined the Lahey Clinic for intensive training in anesthesia. The staff recommended that a department of anesthesia be established and that Dr. Robert R. Richardson be appointed chief of that department. The trustees concurred in this recommendation and Dr. Richardson took charge on January 1, 1939. In November Dr. Charles F. Branch resigned and Dr. Donald A. Nickerson was appointed pathologist.

During the year 1938, a two-story addition was built on the north side of the connecting corridor between the east wing and the operating building. It contained on the ground floor a new X-ray department consisting of two diagnostic rooms, a treatment room and the necessary developing room. There was also an office for the Roentgenologist where films could be viewed comfortably. On the second floor, entered by a separate door from the parking lot, was an adequate staff and coatroom and a beautiful paneled library named in honor of Dr. William Mack. The basement was later developed into a conference room.

The hospital now had three departments with full-time chiefs in charge: radiology with Dr. Wilson, anesthesiology with Dr. Richardson, and pathology with Dr. Nickerson. With the completion of an adequate conference room in the basement of the X-ray building and an attractive library and consultation room on the second floor, the foundation was set for an adequate educational program.

The New England Surgical Society was founded in 1938 to improve and standardize surgical practice in New England. It consisted of a hundred surgeons, all members of the staffs of the various New England hospitals. Dr. Peer P. Johnson of the Beverly Hospital was one of its founders, and Dr. W. G. Phippen was made a member at its second annual meeting. Later both became Presidents of the Society. Both had been anxious to entertain the Society, but the lack of a suitable auditorium in either hospital had made this inadvisable. Now with the completion of our conference room, a joint invitation was sent and accepted.

The Society met at the Salem Hospital on September 29, 1939. An interesting clinic was conducted in the morning by our own staff. The trustees graciously provided lunch, which was held in the nurses' dining room, and in the afternoon a scientific session was held, to which our staff was invited. Dinner was held at the Salem Country Club. The Beverly Hospital was host to a continuation of the program the next day. It was considered a very successful meeting, and many words of commendation were heard.

Dr. Benjamin F. Cornwall, who was appointed an assistant obstetrician in 1939, was the first physician in Salem to limit his practice to obstetrics. The need for additional beds and more modern facilities for maternity cases determined the trustees to

conduct a community wide campaign to acquaint people with the needs of the hospital and the services that it furnished. Will, Folsum and Smith, a professional firm, was employed to conduct such a campaign with the active coöperation of the hospital personnel and many welcome volunteers. Curtin and Riley were engaged as architects and construction was soon under way for a new maternity and children's building. Mr. Robert S. Hawthorne, a trained hospital administrator, was appointed assistant superintendent to relieve the superintendent of some administrative details.

The American Red Cross urged the formation of a nurses' aid corps in voluntary hospitals, and the aid association undertook to sponsor such a corps in 1940. Courses were given by Miss Pauline Wheble, our nursing arts instructor, and lectures were given by the medical, hospital and nursing staffs. Twelve Pink Ladies and thirteen Gray Ladies successfully passed these courses and started work on the wards in January, 1940.

The Salem Hospital was the second hospital in New England and the fourth in the United States to have a Volunteer Nurses Aid Program. In 1940 also the Gray Ladies, so called, established the first book cart service under Miss Alice Robson. On August 13, 1940 the Aid Association inaugurated its first theater benefit, a performance at the Marblehead summer theater with Grace Genge in "Kind Lady" under the chairmanship of Mrs. Walter G. Phippen. In May the hospital celebrated the sixtieth anniversary of the establishment of the Training School for nurses. This was the seventh school to be established in the United States, and representatives of other schools were invited to send delegates to the anniversary dinner. The staff put on a special clinic to which nurses and former classes were invited.

At the annual meeting in January, 1941, the trustees passed the following vote:

That the board consider for future appointment as full-time specialists or chiefs of service only those men who hold membership in their respective specialty boards or those who are qualified and with their applications in the hands of the secretary of their specialty board. This regulation is not to be construed as applying to individuals now holding such positions where annual reappointments come up for consideration.

Dr. Winthrop Watts was appointed to the out-patient staff, Dr. Frank P. Morse to the urological out-patient clinic, Dr. Edward Reynolds as Assistant Physician, and Dr. John G. Adams as Visiting Orthinolaryngologist.

V

THE WAR YEARS AND AFTER, 1940-1952

At the annual meeting of the trustees in January, 1941, Mr. Henry Benson, the president of the board, declined to serve another year, and Mr. George E. Stephenson was elected in his place. Several changes were made in the staff roster. Dr. J. Frank Donaldson, who had resigned as Chief of the Medical Service was elected Chief Emeritus, and Dr. Stuart N. Gardner was elected Chief of the Medical Service. Dr. Robert T. Moulton was promoted to Pediatrician and Dr. Benjamin F. Cornwall and Dr. Richard T. Doyle to Attending Obstetricians. Dr. Israel Kaplan was appointed to the out-patient staff.

The new maternity and children's wing was opened in February, bringing to reality the dreams and plans of about two years. It provided sixty maternity beds on two floors, one private and one semi-private, an isolation ward and two modern nurseries. In a penthouse above was a modern, well-equipped delivery suite and labor rooms. The lower floor contained a pediatric ward of thirty beds, including four private rooms and a large tonsil recovery room. There was also a much needed central supply room with an adequate autoclave and a solution room.

In the old building the vacated maternity ward was remodeled to provide more semi-private rooms and the old children's ward was converted into a men's medical ward. The second floor was given up entirely to medical patients and the third floor primarily for private surgical patients. The segregation of the maternity and pediatric cases in a separate building made possible the better organization of the various services. The hospital was now completely departmentalized into medical, surgical, obstetrical, pediatric, pathological, anesthesia and out-patient services, with a chief of service of each department serving throughout the year.

The staff by-laws were amended to provide that these chiefs of service should be appointed by the trustees on the advice of the Staff Council, "based on training, experience, administrative ability, aptitude for the position, membership in his respective specialty board." Dr. Paul P. Hugenberger, orthopedic surgeon on the staff of the Peter Bent Brigham Hospital, was appointed orthopedist and was designated by the Massachusetts Department

of Health as chief of the crippled children's clinic which was held at the hospital once a month.

In January, 1942 the hospital Aid Association established a coffee shop in the rooms previously occupied by the medical staff. This was the first of its kind in New England. This relieved the dietetic department from serving guest trays. It provided a simple lunch, with coffee, soft drinks, etc. It also offered cigarettes, candy, cards, magazines, and toilet articles. It was operated by one paid worker and several volunteers. At this time the Aid Association had 660 members and had taken over many services, providing ward secretaries, hostesses, flower distribution and help in the out-patient office and record room. In 1945 Miss Mary Field was appointed a paid Director of Volunteers.

The war in Europe threatened to involve this country and every effort was being made to be prepared for any emergency. Hospitals not only had to be prepared to handle casualties, but also for the loss of personnel to the armed services. In fact, Mr. Hawthorne, the Assistant Director, who was a member of the army reserve, was called early in 1941 and Dr. Stuart N. Gardner and Mr. Harold C. Bean, who were in the navy reserve, were called shortly after the attack on Pearl Harbor on December 7, 1941.

In June, 1940, the Surgeon General of the Army asked the American Medical Association to conduct a survey of the medical profession, so that in the event of a national emergency the professional load might be distributed so as to prevent the stripping of rural communities, industry and hospitals of their necessary medical personnel. A committee on preparedness was immediately appointed by the Speaker of the House of Delegates. It consisted of ten members of the House of Delegates with Dr. Irving Abel as chairman and one member from each army corps area. Dr. Walter G. Phippen was appointed from the First Corps Area. This committee had no official authority and could only make suggestions. Largely on its recommendations, the President of the United States issued an executive order in October, 1941, creating the Procurement and Assignment Service for physicians, dentists and veterinarians under the Federal Security Agency. This service consisted of a central committee with headquarters in Washington and nine Corps Area Chairmen. Dr. Frank Lahey of

Boston was chairman of this service, and Dr. Walter G. Phippen was chairman of the First Corps Area with an office in Boston. There was also a chairman for each state under the supervision of the Corps Area Chairman. This assignment required much travel for the Corps Area Chairman to Chicago, Washington and to the various states in the First Corps Area, as well as frequent contacts and consultations with the officers of the Army, Navy, Public Health Service and draft boards in the area. No officer was commissioned in any of the armed services until he was cleared by the Procurement and Assignment Service. This independent government agency proved to be quite necessary. The enthusiasm for enlistment after Pearl Harbor would soon have depleted many communities and hospitals of their needed doctors and dentists. Dr. Phippen also served as a member of a draft appeal board which met once a week.

A disaster program was set up in the hospital with two teams, each with an executive officer, adviser, three surgeons, an urologist, a member of the nose and throat department, and one from the out-patient department. The teams were to be on the alert on alternate weeks. The Hospital Aid Association set up three teams of volunteers, each consisting of ten Red Cross nurses, six Red Cross Grey Ladies, eight clinical record workers, four each for surgical dressings, ward secretaries, canteen and sewing room workers, one messenger and four alternates. Team A came from Salem, Team B from Marblehead and C from Salem, Peabody and Danvers. Identification tags were provided, telephone connection and transportation were arranged, and practice drills were held. President Stephenson in his annual report said "It seems that nothing has been overlooked to make the hospital a haven of refuge in times of stress." After Pearl Harbor drills were held regularly without previous warning. In order to safeguard our power and heat, a contract was made with the George W. Pickering Company to keep 500 tons of coal in storage earmarked for the hospital.

All doctors entering the service were required to ask for a leave of absence, and it was agreed that any changes or promotions in the staff during the war period should be on a temporary basis. During 1942, sixteen of our medical staff, several of the trustees and many nurses and employees enlisted for various services.

Those that remained at home absorbed the added work, did jobs they were not accustomed to, and carried on somehow, so that the quantity and quality of patient service was not seriously impaired. The Red Cross Nurses' Aid were a great help. As many as twenty were working in the wards at one time. Mr. Pratt was appointed Senior Administration Specialist in the United States Public Health Service.

The Salem Hospital was asked to be one of ten hospitals in the state to organize an affiliated base hospital unit with ten doctors enrolled in the Public Health Service, to be activated only in case of need. Dr. W. G. Phippen was one of the doctors so designated, with the rank of Colonel in the Public Health Service only if activated.

The president of the board of trustees, George Stephenson, was called into active service with the Coast Guard, and rather than accept his resignation, the trustees agreed to hold their meetings in the evening so that he could be present. The trustees sustained another loss in the death of John Robson, who had been the very efficient clerk of the corporation since 1938 and a trustee since 1929.

In spite of extra work and less help in the laboratory and frequent trips to the Beverly Hospital to help their laboratory when they had no pathologist, Dr. Nickerson, in association with Drs. Moulton and Lowd, was able to publish an early and pioneering paper on the RH factor.

We were all much elated when the *Modern Hospital* published an issue entirely devoted to the Salem Hospital, citing it as an example of a well-managed, staffed and equipped community hospital, rendering high quality service to its community. Also to cheer us up, the state and federal authorities declared our crippled children's clinic excellent, and the cancer clinic was classified with two others at the top of the list.

During this time the staff voted that "no member of the medical or out-patient staff shall perform major operations in the hospital or act as first assistant at such operations. The surgeon performing the operation shall assume all and full after care of the patient." Dr. Thomas L. Shipman and Dr. Harry M. Lowd were added to the out-patient staff and Dr. Austin T. Williams was appointed Dental Surgeon.

The year 1943 was to prove even more difficult than the year before. Mr. George Stephenson was still in the service and declined reelection. Mr. Harold T. N. Smith was elected in his place. At the end of his first year of service Mr. Smith said in his annual report,

The year 1943 was probably the most difficult ever experienced by the Salem Hospital. The high labor turnover plus the shortage of personnel has made it difficult to give the previous service but the quality of patient care has not been sacrificed, which is a tribute to every person concerned.

In September, 1943, the hospital was approved for participation in the newly formed Cadet Nursing Corps and received a grant of \$63,956 from the United States Public Health Service to finance the program. 105 of the 148 students in the school enrolled in the corps. With twenty-five other schools of nursing in the Greater Boston Area our school took part in a grand capping ceremony on Boston Common on May 12th, 1943. This was planned to stimulate nurse recruiting for hospitals and for the armed services.

We were still short of many supplies, but Mr. Pratt interested groups of volunteers from twenty-four churches, and as a result 13,758 quarts of canned vegetables and fruit, representing 7,658 hours of voluntary labor, were contributed to the hospital.

The disaster program was amplified with frequent blackout drills. All members of the staff were required to carry at all times identification cards with a photograph. Marblehead Neck was a restricted area with guards at each end of the causeway to whom cards had to be shown. We were only allowed a certain amount of gasoline each month. The George W. Pickering Company generously gave \$2,310 for the purchase of a rotating anode X-ray tube.

The financial situation was still rather tight. There was continued conflict between the hospital and the welfare departments of both state and municipalities. Hospitals felt they ought to get full pay for care of welfare patients and the agencies were always looking for the cheapest way out. Then, too, the trustees felt that the Community Fund was not quite realistic as to the needs of the hospital. To help the situation, Scoville Wellington Company, certified public accountants, were employed to set up a

budget system. They reported that the Salem Hospital had a much better accounting system than most hospitals they audited. The staff contributed \$4,000 to the Community Fund and the employees \$1,000. To further acquaint people with the needs of the hospital, a Public Relations Committee was formed with Mr. James E. Fuller, editor of the *Salem Evening News*, as chairman. To add to our difficulties, the Procurement and Assignment Service cut us down to four interns and allowed each only nine months of service. We were, however, accredited for a residency in pathology and for the training of laboratory technicians. The hospital was designated as a neuro-psychiatric clinic for returned soldiers. In spite of the additional work, several of the staff were able to write papers for publication in various journals. Dr. Paul R. Hinchey wrote on "Gall Stone Ileus," Dr. Edward L. Peirson, Jr. on "Biopsy of the Prostate by Silverman Needle," and Drs. Moulton, Nickerson and Lowd published their pioneer work on the RH factor. Dr. Moulton performed the first replacement transfusion in an RH baby. Dr. Phillip Dwyer died, and Dr. Marion W. Ropes was appointed a consultant in arthritis. Otherwise the staff remained the same.

In 1944, penicillin was rationed and the Salem Hospital was allotted fifteen million Oxford units, to be distributed only by a member of a committee appointed for the purpose, or in an emergency by the director. Dr. Charles Manganellie, one of our staff who had seen action in the South Pacific both at Guadalcanal and Bougainville, gave an interesting and informed talk to the staff. Due to the illness of Dr. Charles L. Curtis, Drs. Pope and Hinchey were given temporary appointments as associate surgeons. Both were Fellows of the American College of Surgeons. Again our intern quota was cut, this time to three.

To help the nursing situation, a law was passed by Congress allotting certain sums of money to hospitals for additions to nursing homes. During the year 1944, government officials in Boston agreed to recommend a thirty-two bed dormitory addition to the nurses' home at Salem Hospital and a classroom addition on the roof of the east wing, all to cost \$60,000, of which the hospital would pay \$19,600 and provide the fixtures and equipment for the classrooms. In June Miss Mabel Booth, who had served most efficiently as principal of the Training School for twelve years, re-

signed and Miss Katherine M. Nelson, a graduate of the University of Michigan Nursing School and of the Teachers' College of Columbia University, with many years of experience as assistant director of nurses at the University of Michigan and the Methodist Hospital of Indianapolis, was appointed director of nursing and principal of the Training School.

Mention should be made of the men's volunteer corps formed during the early part of the war, a group of devoted, enthusiastic young men who devoted long evenings doing menial but very much needed chores for the nurses on the wards. Their help was invaluable. Mr. Paul J. Spencer was appointed assistant director and the trustees voted to hire a personnel director and a full time director of volunteers. Miss Field was appointed to this position. Bishop Henry Knox Sherrill, a trustee of the Massachusetts General Hospital, accepted an appointment as a trustee of the Salem Hospital.

In 1945, the demand for nurses by the army and navy was so insistent that it was thought wise to adopt the following policy in regard to private duty nursing in the Salem Hospital:

1. All nurses requested to serve on private duty at the Salem Hospital will be called by the nursing school office only, on request of the doctor in charge of the case.
2. All doctors requesting a special nurse for a patient must certify that private duty nursing is essential for that particular patient.
3. When nurses sign in for duty at the hospital they are to record their Procurement and Assignment classification.
4. Nurses declared 1A will not be allowed to do private duty nursing at Salem Hospital. The hospital will guarantee employment for nurses classified 1A until they are processed for service.

The hospital laboratory was officially approved by the State Department of Health to do routine Hinton tests on premarital applicants, and the blood bank was on a credit system. The staff was cautioned to be thoughtful in the use of both paper and X-ray films as there was an increasing shortage of both commodities.

Dr. Horace Poirier resigned as chief of the obstetrical service and was appointed chief emeritus. As there was some controversy

over the method of election of a chief of the obstetrical department, a joint committee of the trustees and staff was appointed to draw up revised rules for the selection of chiefs of service. Eventually Dr. Benjamin Cornwall was appointed chief of the obstetrical service. Also appointed during that year were Dr. Harris P. Mosher, consultant in diseases of the ear, nose and throat; Dr. Geoffrey Keane, assistant pathologist; Dr. Henry D. Stebbins, acting chief of the medical service; and Dr. Maletz, associate consultant in psychiatry. The men's voluntary corps was proving very efficient, but it was felt that the trustees should have more supervision over them and Mr. Horace Davenport was appointed as their trustee adviser.

At the quarterly meeting of the trustees, March 25, 1945, there was considerable discussion as to the desirability of making some effort at coördination among the various hospitals on the North Shore. This discussion was participated in by Dr. Maddocks of the Addison Gilbert Hospital, Bishop Sherrill of Massachusetts General Hospital, George Parsons of the Cable Memorial, Mr. O'Rourke of the Hunt Memorial and Mr. Jack Stevens of the Mary Alley. All felt that some coördination was desirable and agreed to participate. Subsequently conversations were held with Dr. Samuel Prager of the Pratt Diagnostic Clinic in connection with help from the Rockefeller Foundation and with Henry J. Southmayd in regard to the Commonwealth Fund. Later Mr. Morrison of the Rockefeller Foundation in New York was interviewed, but nothing definite was done at that time except to appoint a committee consisting of Mr. J. Newton Smith, the director, and Dr. Phippen to confer with Bishop Sherrill and Dr. Nathaniel Faxon, Director of the Massachusetts General Hospital, as to the desirability of the undertaking. Finally, at a conference held at the Pratt Diagnostic Clinic with Dr. Leonard of that Clinic and Mr. Pratt and Dr. Phippen, it was agreed that a program of coördination with the smaller hospitals would be undertaken. The Bingham Fund and the Rockefeller Fund would allocate \$5,000 for X-ray extension, \$2,500 for record systems, \$2,000 for a medical librarian, and \$1,800 for secretarial help, a total of \$16,200 for the year 1946. This was approved by the board of trustees.

After many preliminary talks between Dr. Phippen and Dr. Churchill, Chief of Surgery at the M.G.H., and after a conference attended by Dr. Faxon, Mr. Pratt and Dr. Phippen, the Massachusetts General Hospital agreed to send one of their first or second residents in surgery to the Salem Hospital for a period of either four or six months as part of their training. It was felt that this tour of duty would give the residents a better understanding of the private practice of surgery outside the large teaching hospitals and bring the latest advances in surgery to the Salem Hospital. It has proved eminently satisfactory, both to the resident and to the two hospitals, and is still in effect.

In November it was reported that the government had abolished the 9-9-9 months' terms in medical schools, that new interns would be accepted in the services after April 1st, and thereafter no resident would be deferred. Residencies must be filled hereafter by returned service men, those classified 4F, or by women. However, Dr. John Belock, who was serving as an intern, was deferred from service for nine months from June 1945 to March 1946 to serve as surgical resident who would be available for private as well as for ward patients.

Mr. Oliver G. Pratt resigned on October 25, 1945 to accept the position of director of the Rhode Island General Hospital at Providence, Rhode Island. His resignation was accepted with great regret by the trustees. Mr. Pratt came to the hospital January 31, 1931 with no previous experience in hospital administration. In the fourteen years of his service he not only helped greatly to bring the hospital to a high state of efficiency so that it was referred to as an example of a community hospital, but through his participation in the Massachusetts Hospital Association and the American Hospital Association he became recognized as one of the leading hospital administrators of the country and served as president of The American Hospital Association and the Massachusetts Hospital Association. Mr. Pratt was tendered a testimonial dinner at the Hotel Hawthorne on December 10, 1945. Mr. Harold T. N. Smith, President of the Trustees, served as toastmaster. Remarks were made by Dr. Walter G. Phippen, President of the Staff, and by Miss Edith L. Hoadley, Dietitian, for the hospital family. Mr. James A. Hamilton, Director of the New Haven Hospital, was the principal speaker.

The staff members were saddened by the death of Dr. Ignatius Zielinski who was killed in an airplane accident as he was returning from Army service. Mr. Paul Spencer carried on as assistant director of the hospital until March, 1946, when he resigned.

The trustees and the staff were greatly pleased when the hospital received first prize from the American Hospital Association for its public educational work during 1944 and also first prize from *Hospital Management* among hospitals of 200-400 beds for the excellence of its annual report.

Mr. Richard O. West, Director of the Portsmouth Hospital, was elected director but did not assume that office until March 1, 1946. The additions to the nurses' home, including classrooms and laboratory had been completed at a cost of \$69,962, of which the government paid \$40,400. The trustees were conducting a campaign for capital funds with considerable success. The staff voluntarily voted to contribute \$50, or \$5 a month for ten months for each member for a capital improvement fund to be held by the secretary of the staff. The architectural firm of Curtin and Riley were retained as advisors for plans for a new laboratory. The Community Fund allotted \$42,000 to the hospital for 1945.

During the year 1946, the staff by-laws were redrafted. The amendments provided for voting members (eligibility to be determined by record of attendance at meetings). Three new services, pediatric, urological, and general practice, were set up with the same rules as to eligibility as required for the other services. Also the staff council was enlarged by increasing the councilors at large from one to three elected from six nominations. A treasurer was added to the list of officers and Dr. H. Gregory Alexander was elected to that office.

To meet the changing economic situation resulting from the popularity of the Blue Cross, a new category of patients was created. Beds in the wards were allotted to "ward private" patients to be cared for by their own doctors.

Mr. Richard O. West took over as Director on March 1, 1946, and Mr. Paul Spencer resigned as Assistant Director on March 15, 1946 to become director of the Lowell General Hospital. The coordination program for the several hospitals was put into effect, and X-ray, pathological and record librarian services to the Mary Alley, Cable Memorial and Addison Gilbert Hospitals were

started. Dr. Ara N. Sargent, who had been a member of the staff since 1896 and who had given of his time without stint to the welfare of the hospital, particularly to the laboratory, died on August 26, 1946. He left in the neighborhood of \$260,000 to the hospital as follows:

\$ 5,000 perpetual endowment of Room 306

\$ 5,000 for a nurses' library

\$ 2,500 for the hospital library

\$60,000 for a new laboratory

\$ 3,000 for sick fund for nurses' alumnae

\$10,000 for a nursing scholarship

plus the residue of the estate. Thereupon the trustees voted to proceed with the construction of a new laboratory to be called The Ara N. Sargent Memorial Laboratory, and Curtin and Riley were authorized to go ahead with the plans.

The trustees voted to accept with great regret the resignation of Bishop Sherrill as a trustee. His wise judgment and advice had been much appreciated, particularly in regard to the coördination program. Mr. Henry P. Benson, who had been President from 1938 to 1941, was elected President Emeritus, creating this office for the first time in the history of the hospital. Eleven ladies were given volunteer pins by The American Hospital Association for completing 100 hours of volunteer work for the hospital.

Several changes and additions to the staff roster were made in 1946. Dr. Richard H. Thompson, Dr. Paul R. Hinchey and Dr. H. Graham Pope were appointed associate visiting surgeons. Dr. Ireson was transferred to the advisory staff and Dr. I. Kaplan was appointed junior physician. Dr. Melvin Goodman and Dr. Leo Maletz were elected psychiatric consultants. Dr. Louise N. Rogers and Dr. Gerald Cote were added to the general practice staff. Dr. John Hodgden was appointed consultant in neurosurgery.

The Hospital Aid Association gave \$5,500 to furnish a blood grouping and serological room in the new laboratory. The staff contributed \$3,400 to the Community Fund that year. \$4,000 was also authorized to modernize the living quarters on the fourth floor of the main building for the interns. Difficulties were being encountered with the Red Cross, which found itself

unable to fulfill its contracts and the hospital was asked to take a 10% reduction in its payments.

A future planning committee was set up by the staff. The original committee consisted of Dr. Nickerson, Dr. Gardner, Dr. Cornwall and the secretary of the medical staff; they were to choose their own chairman. Dr. Charles L. Curtis, who had been a member of the surgical staff since 1912, died after a long illness on December 11, 1947. The following changes in the staff occurred during 1947. Elected were:

Dr. Alan Freedberg	Dermatologist
Dr. William Haley	General Practice
Dr. Cornelius Driscoll	General Practice
Dr. Henry Hudson	General Practice
Dr. David Dove	General Practice

Mr. Harold T. N. Smith, President of the Board of Trustees, died on June 2, 1947. A resolution adopted by the board said of him:

During his term of service the expansion of the hospital to a metropolitan institution was consummated; the difficulties due to the war-time shortages in supplies and equipment and increased costs and greater demands on the hospital were met and largely overcome He left the hospital improved in its plant and equipment, sounder in its finances and richer and stronger in its bonds with the community.

The Hospital Aid Association gave \$3,500 for a new dental unit. The grant from the Rockefeller Foundation for the coördination program was discontinued because the services rendered were felt to be self-supporting. However, pathological and laboratory services were extended to the Anna Jaques Hospital in Newburyport. These additional changes in the staff were also made in 1947:

Dr. Joseph Cutler	Pediatrician
Dr. Storer Humphreys	Neurosurgeon
Dr. Bean was advanced to Consultant in Orthopedics	

Dr. Connelly was transferred to the Ophthalmic Service. During the year two tennis courts had been completed at the nurses' home and were much enjoyed.

In January, 1948, the Massachusetts Division of the American Cancer Society made a grant of \$2,250 to the hospital for the study of terminal care in the hospital under Dr. Phippen's supervision. In March Mr. Horace Davenport was elected President of the Board of Trustees and a "get together" dinner of the trustees and staff was held at the Salem Country Club. The office of Vice President of the Staff was created, and Dr. Stuart N. Gardner was elected to that position.

The giving of intravenous fluids had now become such a necessary routine that a special nurse was employed to provide this service during certain hours of the morning, relieving the interns for other work. This went into effect in October, 1948. To honor Dr. Charles L. Curtis' memory, a memorial fund was created by voluntary subscriptions. During his illness a sum of money had been voluntarily given to help to defray the cost of his hospital care, but as it was not needed it was returned to the staff by the family and was added to the Memorial Fund.

Amendments to the by-laws were adopted clarifying the qualifications necessary for appointment as junior surgeons, physicians, obstetricians, pediatricians and urologists. Dr. Belock was elected a junior obstetrician. The staff provided a television set for the interns' quarters by voluntary contributions. The staff appropriated \$50 for Christmas flowers and decorations on the tables of the dining rooms of the help, nurses, et cetera.

The following changes and additions were made in the staff roster during the year 1948:

Dr. Stillman G. Davis	Anaesthesiologist
Dr. Raymond Michaud	General Practice
Dr. Frederick B. Mayo	General Practice
Dr. Randall Bell	General Practice
Dr. John G. Flynn	General Practice

Dr. Shipman resigned, and the position of industrial physician was abolished.

In June the intern committee reported that there would be four interns for next year beginning on July first, two men and two women (the first women interns at the hospital), that there were residents in surgery and pediatrics, and that there would be one in medicine on July first. The need for an audible call system

in the hospital had been stressed at several previous meetings of the staff, and several suggestions as to how to finance it had been made. Finally in June 1949 it was decided to install it as a memorial to Dr. Charles L. Curtis and to use the money already in the fund, to seek other donations, and to make up any deficit from the staff sinking fund.

A coöperative agreement was entered into between the hospital and the Red Cross in regard to the Blood Bank. An advisory committee was appointed consisting of Dr. Walter G. Phippen, chairman, Dr. Gardner, Dr. Nickerson and Mr. West. This committee would have entire supervision of blood received from the Red Cross, conduct of donors, etc. It would see to it that a physician was present at every blood donor day conducted by the Red Cross Blood Bank.

A special meeting of the staff was held on August 26, 1948 at the request of Mr. Horace Davenport, President of the Board of Trustees. Mr. Davenport said in part, "that while the trustees had no intention of attempting to control the appointments to the staff, some of the board felt that there had been some inconsistencies in recent appointment." He hoped the staff would realize that the trustees had to answer the criticisms of the public and hoped they would state their reasons for their recommendations in the future.

He also discussed the financial situation of the hospital, stating that the amount allotted from the Community Fund was insufficient for the needs of the hospital. The trustees felt that if they had to raise money to make up the deficit they might as well conduct a campaign for the full amount. They felt, therefore, that they must withdraw from the Community Fund and conduct a campaign of their own. He urged the members of the staff to be good salesmen and answer criticisms of the public and to make an effort to rectify some of the misconceptions and misunderstandings that the public held in regard to the hospital, remembering always that good public relations were essential if funds were to be solicited. He also commented on the amount of free service the hospital was doing and the failure of the city and state to compensate adequately the hospital for service rendered to welfare patients. The deficit for these services was said to be in the neighborhood of \$150,000.

Mr. West, the Director, addressed a special meeting of the staff and explained the trustees' program for obtaining more funds and asked for suggestions and coöperation. Among suggestions from the staff was that the complaint slips filled in by the patients and returned to the administrator, be in turn forwarded to the staff council in order that the members of the staff might be informed what these complaints were, so that they might clarify some of these misunderstandings.

The staff voted on November 18, 1948, to turn over to the trustees the whole sum of the building fund collected up to December 31, 1948. This amounted to \$12,000 and was the result of voluntary contributions of \$50 a year from each member for several years past; it was voted to continue this program for at least another year. The Hospital Aid Association also contributed \$5,000 for equipment in the physiotherapy department.

The selectmen of Marblehead requested the trustees to appoint a committee to consult with their representative, Mr. Daniel W. Riordan, to study the possibilities of providing facilities for Marblehead patients at the Salem Hospital. The facilities of the cottage-type Mary Alley Hospital of Marblehead had become inadequate, and there was some sentiment expressed for some arrangement with the Salem Hospital rather than for the construction of a new hospital in Marblehead. The president appointed Mark Smith, Bradshaw Langmaid and W. G. Phippen. Mr. James Farley was later added to this committee. X-ray service to the Addison Gilbert Hospital at Gloucester had to be given up because of distance and lack of personnel. Mr. Frank B. McQuesten of Marblehead bequeathed \$75,000 to the hospital to be used for building a memorial to his wife, Josephine A. McQuesten.

During 1948, five members were added to the staff. Dr. Henry G. Carroll, who had been Ophthalmic Surgeon since 1913, died on August 11, 1948. In an effort to improve the nursing service, the president of the staff was asked to attend the weekly conferences of the head nurses on procedure and supervision, and several improvements were made in the recording of nurses' notes and medications.

The Ara N. Sargent Memorial Laboratory was put into use in October, 1949. A well-attended Dutch treat dinner was held at the Hotel Hawthorne for the friends of the hospital, at which

several members of the staff told of the newer methods in the care of patients and other activities in their various departments. Among other things, it was noted that the maternity patients now remained in the hospital only seven days. This resulted in a loss to the hospital of approximately \$20 per patient, besides creating surplus beds, which could not be used for other classes of patients.

In October 1949, Miss Edith L. Hoadley resigned as Dietitian. Miss Hoadley joined the hospital family in 1913 as Assistant Dietitian and was promoted to Dietitian in 1916. In the thirty odd years of her faithful service, she skillfully expanded her department to cope with the growth of a hospital of fifty beds to one of two hundred and fifty and, incidentally, to move from one location to another without missing a meal. Miss Eleanor R. Dow, who had been her assistant since 1929, was appointed Dietitian in her place.

The following changes in the staff occurred in 1949:

Dr. James N. Donovan	Orthopedic Surgeon
Dr. John E. Belock	Junior Obstetrician
Dr. Paul A. O'Brien	Ear, Nose and Throat
Dr. Ernest L. Woodman Jr.	Junior Physician

In 1950, the board of trustees invited the president of the staff to attend the meetings of the executive committee of the board to improve the liaison between the board and the staff. The public address system was installed and in working order by March, 1950, and was much appreciated. Arrangements were made with the medical service of the Massachusetts General Hospital to send a medical resident to the Salem Hospital for two months' service every two months.

Dr. Donald Nickerson and Dr. Francis Kane collaborated in writing a thesis on "Fluid Balance" and presented it at a staff conference. The understanding of the proper balance of fluids in the body was a great step forward in the after care of surgical patients, and much credit was due Drs. Nickerson and Kane for elucidating this complicated subject at an early date. Many patients, undoubtedly, had died in years past because the balance of fluids in the body was not appreciated.

Disposable tubing for blood transfusion kits was introduced for the first time in 1950.

A special meeting of the staff was held on July 27, 1950, to hear the President of the Board of Trustees, Mr. Horace Davenport, expound a new financial policy on a pay-as-you-go basis. One reason for this was that the accounts receivable now amounted to around \$500,000. It was now proposed to require patients to pay in advance for each week of hospital stay. In order to facilitate the working of this plan, a budget plan would be set up, with a bank guaranteeing the credit. There was considerable discussion as to the desirability of this method. Particular emphasis was put upon the lack of \$12 rooms, requiring patients to accept higher priced accommodations for which they found it difficult to pay. The scarcity of nurses and nursing care was also stressed. There was a great deal of correspondence back and forth between the Marblehead taxpayers' association and the trustees and staff in regard to the hospital situation in Marblehead and its best solution.

Mr. Bertram B. Nutter, from the Memorial Hospital in Worcester, was appointed controller. The American Cancer Society, Massachusetts branch, continued their grant of \$3,250 for the terminal care program under the supervision of the tumor clinic. The electric power failure for one-and-a-half hours during a busy day brought to the attention of the trustees the need for more auxiliary emergency electric service. One emergency gasoline generator supplied power and light to the operating room and that was all. Candles, old unused gas fixtures and flashlights were hastily brought into use. The Naumkeag Cotton Company donated 225 yards of percale material to manufacture uniforms for the junior volunteers.

Dr. Frederick B. Breed was appointed Ophthalmologist. Dr. Andrew Nichols was advanced to the advisory staff. Mr. Richard O. West resigned as Director as of April 30, 1951 and Mr. Bertram B. Nutter, the Controller, was made Acting Director in addition to his other duties.

The hospitalization plan for staff members originally proposed by the staff and submitted to the trustees on October 17, 1949, was finally approved by the board in May, 1951, with profound apologies for the delay. The staff offered to lend the trustees \$1,000 to purchase a photometer for the laboratory, but the offer was declined with sincere appreciation; the trustees felt the

hospital should assume that charge and voted its purchase. The hospital rejoined the Community Fund with the understanding that it would receive \$75,000, but eventually the amount was cut to \$60,000.

Dr. Charles G. Stetson, who was an associate of Dr. Merrill Sossman, the Radiologist at the Brigham Hospital, was elected Associate Radiologist as of January 1, 1951. There was considerable discussion by the staff relative to the lack of cleanliness in the hospital, and it was voted to refer this matter to the staff council to take up with the administration and trustees. There was almost monthly criticism of, and suggestions for, the parking problem. Four interns were to start service on July 1, 1951, although six had been anticipated.

The developing room in the X-ray department was remodeled, with new tanks, drying machines, etc., at a cost of \$7,700 and a portable X-ray machine was purchased. The trustees gratefully acknowledged the receipt of a large oak table and nine chairs from the J. Newton Smith estate for use in the library. The Hospital Aid Association was authorized to enlarge the shop area at a cost of \$13,200 to be paid by the association. The trustees also agreed to appropriate \$300 for the purchase of service pins for volunteers credited with one thousand hours of service.

In October Mr. Norman R. Brown, the Assistant Director, resigned and Mr. Nicholas Larkin, Jr. was appointed purchasing agent. The kitchen was newly equipped at a cost of \$8,674.00. There was great difficulty in obtaining trained technicians for both the laboratory and X-ray departments, a condition experienced by most hospitals at that time.

At the September meeting of the executive committee of the trustees, Dr. Phippen presented a plan for three new operating rooms to be erected between the operating building and the domestic building at an approximate cost of \$55,000, which could be paid for from the McQuesten bequest which now amounted to \$79,000, with perhaps help from the government Hill-Burton Fund. After some discussion it was referred for further study.

During the year 1951, Dr. Edgar Wright, Dental Surgeon, was advanced to the advisory staff and Dr. Geoffrey Keane was advanced to Associate Pathologist. Dr. Thomas Henry was advanced to the advisory staff, and Dr. Hogan was appointed as

Chief of the General Practice Staff in his place. Dr. Michael Kfoury was appointed to the ophthalmological service.

In December, 1951, a new diagnostic X-ray machine was authorized at a cost of \$4,572.20. This was in addition to the present installation, and was expected to facilitate the work of the department and prevent delay and incidentally to increase the income of the department.

At the request of the Massachusetts Hospital Association, the trustees appointed Mr. Farley to represent the Salem Hospital in a campaign to urge the legislature to pass a bill which would guarantee cost payment for welfare patients.

On December 27, 1951, Dr. Phippen presented a new plan whereby new operating rooms, ward beds, elevators and kitchen could be accomplished in one package with one-third of the cost paid by the federal government under the Hill-Burton Act, using the McQuesten bequest, and raising the remainder by private subscription. This was referred to the executive committee which later voted to proceed with the renovation of the kitchen only.

As the hospital developed its departmental organization and its educational program, its prestige spread to the medical schools, and young graduates had the idea that Salem was a promising place to start in practice. It had now become an accepted fact by most medical graduates that a hospital staff appointment was a necessity for the successful practice of their profession. By the end of 1951 there was a plethora of applications for the surgical service, and the question was raised whether the community could furnish a livelihood for any more surgeons. This created a more or less serious conflict of interest between the board and the staff, as some of the trustees felt that any applicants who had a residence in Salem or whose family resided in Salem should be admitted regardless of financial considerations if they fulfilled the qualifications required by the staff. This brought up the question of reviewing the entire policy of the hospital in regard to appointments to the medical staff. Many meetings and conferences were held, and the following policy was finally adopted by the staff and approved by the trustees on July 15, 1952. The essential points were:

1. Standards of admission should be adopted by the Staff and approved by the Board of Trustees.

2. Applicants whose families have lived in the community for ten years should be admitted provided they fulfilled the qualifications required by the Staff.
3. Applicants connected with other hospitals should be discouraged except where desired for special services.
4. The Salem Hospital will assume no responsibility or obligation toward any physician whose family and home are outside the community served by the hospital and who comes to the area to practice without first having communicated with the staff and the trustees, to ascertain whether, regardless of his qualifications he will, if he comes to the area be eligible for consideration by the staff. Further admissions to the hospital staff should be limited first to those physicians meeting the high standards and qualifications set up by the hospital staff and secondly by those physicians whose homes are in the community the hospital serves, but provided always that within the general limitations the hospital must always be free to invite to serve on the staff highly qualified physicians in any department regardless of where their homes may have been or where they have secured their medical or surgical training.
5. Physicians admitted should maintain the highest standards of professional conduct, comply with the rules and regulations of the staff. Failure to do so would call immediate expulsion on recommendation of the Staff Council, a majority vote of the staff membership and the approval of the Board of Trustees.
6. That the Trustees not only permit but encourage the medical staff "to regulate itself within the over-all framework of the hospital so far as may be consistent for the best interest of the hospital and the community it serves."

The Medical Staff of the Salem Hospital had gone on record as unanimously in favor of a "closed staff" arrangement which, in essence, is at present in force. A "closed staff" is one which gives the staff the opportunity to select and vote upon all persons who apply, versus the "open staff" in which physicians who are residents in the city, or vicinity, may automatically become members of the staff. The staff also voted in favor of each service establishing its roster annually based upon the needs of the Salem Hospital and of the community or as often as the occasion should arise. The staff further voted in favor of positive action being taken on

applications received before such an applicant had established an office in the Salem area.

Miss Caroline H. Fabens of Marblehead died and in her will bequeathed a sum of money to be held in trust for the Salem Hospital, the income to be used in part to pay for the hospital care of worthy residents of Marblehead not otherwise provided for, and the remainder for the purchase of equipment, this allocation to be at the discretion of the trustees of the fund.

Dr. Hardy Phippen, who had been a member of the staff since 1893, died. Dr. Charles G. Stetson, Assistant Radiologist, and Dr. Frank Kane resigned.

VI

THE PHIPPEN BUILDING, 1952-1960

In January, 1952 Mr. Nutter was elected Director, and it was voted to authorize the Control Committee to employ Valtz and Kimberly, architects, and to consult with them as to future building and renovations. On June 12, 1952 the Control Committee reported to the Executive Committee that it had had several conferences with the architects and recommended that certain renovations should be done at once; e.g., the kitchen, record room, pharmacy and a central supply room, at a cost of \$114,232. They also recommended a long range program of a new surgical wing with a second floor containing 24 beds at an additional cost of \$262,400, to be financed by the McQuesten bequest amounting to \$80,000, a probable grant of \$156,484 from the Hill-Burton Act, and the rest from private subscription. The Executive Committee approved this program amounting to \$469,450, provided the staff would contribute \$50,000 over a period of three years. This the staff agreed to do provided there was greater coöperation between the medical staff and the trustees, especially regarding the housekeeping and necessary improvements. To further this aim, the staff appointed an Improvement Committee with Dr. Frank Morse as chairman. This committee made a careful survey of several departments of the hospital and made its report to the trustees. It found that lack of coöperation between the various department heads was probably the most marked deficiency and suggested frequent joint meetings of all department heads and more instruction of the personnel. It pledged the coöperation of the staff, but felt that further construction should not be undertaken until these deficiencies had been cleared up.

At their meeting in September, 1952 the trustees passed a vote of thanks to the Improvement Committee of the Staff for its recommendations and voted to comply with them and to proceed with the renovations in the kitchen and the main building, at a cost of \$115,724.

In the summer of 1952 poliomyelitis became very prevalent, and it was necessary to set aside the middle section of the second floor as an isolation ward for these cases, with special nurses, diet kitchen, utilities, etc. By the end of July there were eleven cases in the ward and twenty-seven had been admitted.

Dr. Lamar Souter was appointed a consultant in thoracic diseases, and Dr. William E. Johnson was appointed to the orthopedic service.

Previous to the annual meeting of the staff in January, 1953, Dr. Phippen had informed the Nominating Committee that he felt he should no longer continue as President of the Staff. He had served in that office for eighteen years and had seen the hospital grow from an institution of about fifty beds and a medical staff of sixteen to a bed capacity of over two hundred and a fully departmentalized staff. The staff accepted his decision with regret and voted to send a petition to the trustees, signed by all the members, asking that they create the position of President Emeritus of the staff and appoint Dr. Phippen to that position. They also voted to appoint Dr. Phippen to represent the staff at the meetings of the Executive Committee of the Trustees in addition to the President of the Staff. Dr. Stuart N. Gardner was elected President and Dr. Harry N. Lowd was elected Secretary, as Dr. Wilson declined to serve again.

The annual meeting of the corporation and friends of the hospital was held at a dinner meeting at the Hotel Hawthorne on February 25, 1953. The President, Horace Davenport, complimented and thanked Dr. Phippen for his years of service and announced that the Trustees had appointed him President Emeritus of the Staff and elected him to the Board of Trustees. He also presented Dr. Phippen with an order for the painting of his portrait, and several other gifts from his many friends in the hospital family. Dr. Gardner gave a brief resume of Dr. Phippen's service to the hospital and Dr. Phippen replied in a suitable manner.

Mr. Davenport declined reelection as President of the Board of Trustees and Marquis S. Smith was elected in his place. In accepting Mr. Davenport's resignation, the Trustees passed a resolution thanking him for his service to the hospital, stating that

at the beginning of his service the Salem Hospital was confronted with serious and critical problems of finance, plant condition and personnel; that under his guidance and example the challenge of these problems has been met so that an impossible annual deficit of \$195,000 has been eliminated, the Ara N. Sargent Laboratory constructed, the heating plant and laundry renovated, closer relationship between the staff and administration established, and many

grave and delicate problems of hospital work have been solved.

The staff voted to approve a plan for a Medical Staff Building Fund, proposed by Dr. Nickerson. This was based on the number of admissions accredited to each physician on a unit percentage basis (later called the X system). This would give each member of the staff a tentative figure on which he could base his voluntary contribution. This method, he thought, would produce about \$5,000 a year. The Community Fund that year voted to eliminate the deferred maintenance fund and reduce the allotment to each agency by five percent.

The Control Committee under Mr. Bradshaw Langmaid's chairmanship was very active during this period, meeting almost every month, considering the budget for the year. They recommended certain increases in the rates for private rooms but not for ward rates. This increase was voted and produced added income of approximately \$60,000.

During 1953, the following physicians were added to the staff:

Dr. Robert W. Liming	Associate Radiologist
Dr. Irving E. Myslivy	Junior Obstetrician
Dr. John E. LeDonne	Dermatologist
Dr. Charles N. Curtis	Assistant Pathologist

Dr. Blackburn resigned as Assistant Pathologist and Dr. John E. Belock was called into the United States Service.

At the annual meeting of the staff in January, 1954, Dr. Nickerson reported that \$5,591 had been collected under the X-system for the building fund. The President of the Board of Trustees, Mr. Marquis Smith, thanked the staff for its contribution of \$3,000 to defray the cost of renovating the intern quarters. At the May meeting of the staff, it was voted to congratulate Dr. Martin T. Field and Dr. Walter G. Phippen, who had just received 50-year pins denoting 50 years of membership in the Massachusetts Medical Society. The staff by-laws were amended in regard to the Advisory Staff as follows:

The Advisory Staff shall consist of members who have reached the age of 65 or who, after twenty-five years of service or on reaching the age of 60 on their request upon recommendation of the Staff Council and the approval of

the Board of Trustees, have been relieved of hospital services.

This was not to be retroactive.

In 1954 the North Shore Chapter of the American Heart Association presented the hospital with the latest model photo-electric cardiograph. At the meeting of the staff on October 29, 1954, Mr. Marquis S. Smith, the President of the Board of Trustees, Mr. Bertrand B. Nutter and Mr. Harold Macomber, chairman of the fund raising committee for the new building, came to the meeting and explained the building program and plans for the campaign to raise the money to complete it. They said the trustees had voted to start the campaign on December first and that they very much desired the unanimous backing of the staff. The Hospital Aid Association had pledged its support and they expected the Hill-Burton program to produce one-third of the funds, but it was necessary to have the other two-thirds in hand before applying for the government money. The cost of a new operating suite, central supply and sixteen beds was said to be \$348,000. The staff thereupon voted to inform the trustees that it was in full accord with the proposed building program, and at a special meeting held on October 30 it was voted to raise \$50,000 by the X-system over a three-year period, at the same time urging the trustees to add a third floor with sixteen beds. This the trustees later voted to do.

The by-laws of the staff were amended to provide that the term of office of the president should be one year, that he should not serve more than two consecutive years, and that the vice-president be designated the president-elect; this to go into effect after the next election of officers.

The staff recommended and the trustees approved the establishment of a radio-isotope unit under Dr. Nickerson's direction and subject to the rules of the Atomic Energy Commission, contingent on a gift from the Lions Club. In April, 1954, Mr. Russell T. Kimball resigned as chief of maintenance after thirteen years of faithful service and was given a testimonial by the trustees. The president of the Aid Association was invited to attend the meetings of the Board of Trustees.

At the annual meeting of the staff, January 21, 1955, Dr. Edward L. Peirson, Jr., was elected president and Dr. John G. Adams vice-president. The Staff Council reiterated the need for

more beds in the proposed new building. Dr. James M. Shannon was elected to the surgical staff. At the May meeting of the staff, Mr. Harold Macomber, chairman of the trustees' fund raising committee, told the staff that the contemplated building would cost \$650,000 and the staff voted to continue their contributions by the X-system for four years to raise the amount to \$65,000. Mr. Macomber expressed the thanks of the trustees for this action.

Dr. Benjamin F. Cornwall resigned as Chief of the Obstetrical Service and Dr. Richard J. Doyle was elected in his place. On the recommendation of the Nursing Committee, Dr. Gardner chairman, the position of Supervisor of Nursing Service was created and Mrs. Mildred B. Humphreys was appointed to that position. She would devote herself to the actual nursing care and have nothing to do with the teaching in the School of Nursing. The trustees approved the installation of a Phon-audograph system for the dictation of records direct from the nurses' stations in the various wards to the Record Room. They also voted to create a parking lot in front of the west wing, doing away with the grass plot.

During the year the grant from the Hill-Burton Act was approved for \$247,283, and the hospital received an unexpected grant from the Ford Foundation of \$122,100. Altogether \$795,000 had been raised for the building fund.

Mr. Marquis S. Smith declined to serve another year as President of the Board of Trustees and Mr. Michael F. Flynn was elected in his place. Mr. Nutter, the director, reported to the staff that the Phon-audograph system was being installed, the dining room was being renovated, a second elevator in the maternity building was being installed, and an addressograph machine had been purchased. \$8,000 contributed by the Aid Association was to be used for new X-ray equipment.

During 1955 the following physicians were appointed to the staff:

James M. Shannon, M.D.	Assistant Surgeon
William C. Wiswall, M.D.	Junior Pediatrician
Lawrence Essemder, M.D.	Junior Pediatrician
Carroll C. Miller, M.D.	Assistant Visiting Surgeon (Thoracic)

Frank H. Healey, M.D. Assistant Physician
 Daniel A. MacDonald, M.D. Junior Physician
 Clarence H. Maloof, M.D. Industrial Physician

The following Associate Chiefs were appointed:

Dr. Geoffrey P. Keane Pathology Department
 Dr. David C. Ross X-ray Department
 Dr. Wilfrid J. Rokowski Anaesthesia Department

Dr. Stanley M. Wilson, Roentgenologist, died on January 11, 1955. Dr. Wilson was appointed to the staff in 1937 and was instrumental in planning and organizing our first modern X-ray department. During his eighteen years as Roentgenologist, he developed the department from a simple diagnostic service with one machine and one technician to a full complete diagnostic and treatment facility with several well trained technicians and an Assistant Roentgenologist. He was elected secretary of the staff in 1935, a position he held until 1953. His wise judgment and enthusiasm was a great factor in the reorganization and departmentalizing of the various services of the hospital.

After a survey of the hospital by Dr. Daniel Rubenstein, Director of Hospital Facilities of the State Department of Health, in which he classified forty-seven of the existing beds in the hospital as unacceptable, and the assurance of a grant of \$250,000 from the Hill-Burton Act, the trustees voted in January, 1956, that the new building should be four stories high. The first floor would provide a completely new X-ray department, including four diagnostic and fluoroscopic rooms, superficial and deep therapy and radioactive isotope rooms, and the usual office and service rooms. The second floor would contain the surgical operating unit including four major and two minor operating rooms, a cystoscopy room, a recovery room, two anaesthesia rooms and the usual locker and service rooms. The third and fourth floors would provide thirteen semi-private two-bed rooms and four single rooms on each floor.

A building committee was appointed by the President of the Trustees consisting of Marquis S. Smith, chairman, Daniel Crowley, Norman Welch, Harold Macomber, Dr. Donald Nickerson, Dr. Walter G. Phippen, Dr. Stuart N. Gardner, and Dr. Edward L. Peirson, Jr. The trustees decided to carry on the

campaign to raise the money themselves without the aid of professional fund raisers. Mr. Harold Macomber agreed to head the fund raising committee, and Mr. Daniel Crowley agreed to help. During the rest of the year, the plans were studied by members of all the departments of the hospital, many suggestions were given serious consideration, the plans finally approved, and the contract of \$1,191,826 was awarded to the Walsh Construction Company on January 2, 1957.

During the year Dr. Edward L. Peirson, Jr., President of the medical staff, died suddenly and Dr. John G. Adams became president. Dr. Donald A. Nickerson was chosen President-elect. The staff voted to finance by voluntary contributions the building of a cystoscopic room in the new building in memory of Dr. Peirson. This was to be in addition to the money contributed by the X-system. Dr. Frank P. Morse was appointed chief of the urological service in place of Dr. Peirson. The staff also voted to provide a plaque in the X-ray department of the new building in memory of Dr. Stanley A. Wilson. The trustees voted to pipe oxygen to the entire hospital from a central tank situated beside the boiler room.

During the year 1956 the following doctors were added to the medical staff:

Dr. George P. Rizzone	Junior Pediatrician
Dr. Charles P. Tippets	Visiting General Physician
Dr. Frederick O. Buckley	Junior Obstetrician
Dr. William C. Wigglesworth....	Junior Surgeon
Dr. John A. Lynch	Junior Surgeon

Ground was broken and construction started in the spring of 1957. It was then found that there was much less ledge than was originally thought. It was therefore decided to excavate deep enough to allow for a full-depth cellar in addition to the four floors originally planned. The contributions were coming in well. The staff contributed \$50,000. The Aid Association sponsored a concert by Mary Curtis-Verna, an opera singer and the daughter of Doctor and Mrs. Charles L. Curtis, which added \$4,215.33 to the building fund. The cornerstone of the new building was laid with appropriate ceremonies on October 10, 1957, and the trustees voted to name it the Walter Gray Phippen Building.

The following doctors were added to the staff in 1957:

Dr. Allen L. Segal Assistant Radiologist

Dr. John G. Bisgrove Psychiatrist

Dr. John B. Ballou Junior Surgeon

Dr. Philip J. Finegan died and Dr. John A. Lynch resigned.

In 1958, the intern and residency problem became very acute. The number of medical students graduated each year from the medical schools of the United States was not nearly enough to supply the demand for internships in the various hospitals. The graduates tended to flock to the larger teaching hospitals and the community hospitals were left without applicants. To add to our difficulties, Dr. Bauer, Chief of the Medical Service at the Massachusetts General Hospital, decided that he could no longer send one of his residents to Salem. He indicated that the Salem Hospital could not furnish enough ward patients and that the teaching could be improved. A special meeting of the staff was held on April 11, 1958, and Dr. Lamar Soutter of the dean's office of the Boston University School of Medicine was invited to discuss the intern and residency problem. He spoke of the possibility of using foreign medical graduates and of further affiliation with other Boston hospitals. He felt that for a hospital to attract interns and residents it must have an active well-organized teaching program. To accomplish this a full or part-time director of medical education should be appointed and provided with a proper office, clerical help and an adequate salary. He should have direct charge of the teaching of the interns, as well as the arranging of lectures and conferences, and he should coördinate the teaching on the various services. Later a joint committee consisting of the members of the Professional Relations Committee of the trustees and the Intern Committee of the staff was set up to give further consideration to the matter.

The Phippen building was completed during the year and was formally dedicated on September 27, 1958, on a very rainy Saturday afternoon. Exercises were held in a large tent erected on the parking area in front of the west wing. Mr. Nutter called the meeting to order and introduced Mr. Michael F. Flynn, the President of the Hospital, who presided. Reverend Donald Allen of Grace Church gave the invocation. Brief remarks were made

by Dr. Adams, President of the Medical Staff, Mayor Francis X. Collins, Dr. Rubenstein of the Division of Hospital Facilities, Representative William H. Bates, and Mr. Marquis S. Smith of the building committee. The principal address was delivered by the Right Reverend Monsignor Arthur C. Dalton, President of the Massachusetts Hospital Association. Rabbi Benjamin Turmin offered prayer and Very Reverend Peter T. Linehan offered the benediction.

Dr. Phippen was called upon and traced briefly the growth and development of the hospital since he was appointed to the staff in 1907. He thanked the trustees for the great honor they had conferred upon him by giving the new building his name. After the exercises the Aid Association arranged personally conducted tours through the new building and members of each department were present to answer questions and explain the new equipment.

A committee was appointed by the president of the board to arrange for the occupancy of the new building and to rearrange vacated space in the old building. Dr. Phippen was chairman of this committee. After much discussion, the east surgical ward and the patients in the adjacent rooms were successfully moved to the second floor of the Phippen building. The west women's medical ward was then moved to the third floor of the new building. The operating personnel and equipment were moved without incident, and Dr. Phippen performed the first operation in the new quarters on October 19, 1958. The new X-ray department opened on October 22, 1958. The old operating building was converted into an emergency ward. The old east surgical ward was remodeled into a self-care unit and the intermediate rooms were given over to the office force. The cubicles on the second floor were dismantled and the room adapted to offices and conference room for the nursing supervisors. During the transition process, the wards and several rooms were redecorated and the lighting improved.

During the year 1958, the following physicians were appointed to the medical staff:

Dr. Thomas P. R. Hinchey	Consultant in Neurosurgery
Dr. Eben Stoddard	Junior Obstetrician
Dr. Frank V. Columbo	Junior Surgeon

Dr. Martin T. Field, who had been a member of the staff since 1906 and an attending surgeon since 1913, died. He was devoted to the hospital and gave of his talents and his time to its service without stint. Dr. Lawrence J. Essember and Dr. Nathaniel A. MacDonald resigned. Miss Margaret LeTourneau was appointed principal of the training school and director of nurses on September 29, 1958.

Miss Mary Field resigned as director of volunteers. She was appointed the first director in 1945. With wise judgment, clear vision and executive ability, she developed a volunteer service that was a shining example to other hospitals and one of priceless value to the Salem Hospital. Her resignation was accepted with great regret and with many tributes for her wonderful service. In 1959, Mr. Michael Flynn declined to serve another year as president of the trustees and Mr. Daniel Crowley was elected in his place. The staff elected Dr. Donald A. Nickerson as President and Dr. Harry M. Lowd President-elect. Dr. Frederick B. Mayo was elected secretary and Dr. H. Gregory Alexander remained as treasurer. There were now 101 members of the medical staff, eighty-two active, four honorary, five inactive, and ten consulting.

With the opening of the Phippen building and with new officers of both trustees and medical staff, a new era began for the hospital. This brief history had endeavored to record its development from a primitive accommodation for the care of 12 patients to a fully departmentalized hospital with a bed capacity of 265 and a well organized staff of over 100. It has been—and will continue to be—an example for other community hospitals.

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